OLIVEYARD MINISTRIES, INC.
HEALTH AND WELLNESS INFORMATION MINISTRY
"MY PEOPLE PERISH FOR THE LACK OF KNOWLEDGE…."

By

EVELYN V. MILLER-SUBER

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Abstract

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The Patient Protection and Affordable Care Act was enacted five years ago. The law provides for health care insurance coverage for all US citizens. Despite major publicity and debates, impoverished communities know very little about the law or how to access health insurance coverage. My review of the Biblical healing stories and events revealed that health care, wellness and debates have always been a concern of the communities and God. My research revealed traditional teachings and preaching's failure to challenge the participants to be actively engaged in their health and well-being.

Interviews with several members of a specific congregation demonstrated that a vehicle developed that could provide accurate information was necessary. The objective of this project is to engage local communities, pastors, church leaders and congregations in an internet health and wellness information ministry. This ministry will distinguish itself from other healing ministries by providing pastors and church leaders with contextual resources for preaching and study resource materials. The project will increase the community's access to health care insurance information, broaden an understanding of the need to take better care of their health, and join people together and expand their knowledge.

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Most of all, thank you Father, Jesus and Holy Spirit, words cannot describe how wonderful You are!!! Without You this work would not have happened. Bless this Ministry as You have called it into being, I am sold out to You!

This work is dedicated to my mother, Jeanette S. Ferguson, a woman of faith, strength and determination.

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INTRODUCTION

The genesis of Oliveyard Ministries, Inc.'s Health and Wellness Information Services Ministry component was the 2010 Affordable Care Act (ACA) or the law commonly referred to as Obamacare. The new law was a historical change in the administration of the health care insurance and the recipients of health care insurance. Further, the law required that U. S. citizens acquire health care insurance.

My 22 years of human resources and health care benefits experience gave me the insight to recognize the impact that the new ACA would have on my church community. I anticipated that the implementation as well as the enforcement of the new Affordable Care Act would be complicated and confusing since laws are not written in a laymen's language. Initially, my demonstration proposal was to develop a ministry that would provide resources for a public awareness campaign and provide health care insurance enrollment assistance. The core of the proposal was to bring people needing information about the new ACA and the health care insurance companies together by way of face to face meetings, and then assist persons who were interested or needed health care insurance with the enrollment process. I coordinated meetings that offered assistance and training to persons that would work with the uninsured persons in the community and churches to ensure they received and understood the benefits of the Obamacare and then be enrolled into a health plan during the annual open enrollment season.

Midway through 2014, I realized that the political controversy and media coverage of the Affordable Care Act was too much for me to overcome by only having

local meetings to share information. I learned that the government's rollout of the ACA was too complex. Many people were confused by the health care insurance vendors' language; sections of the ACA were being misrepresented by the media; and people who attended the meetings were confused and had difficulty making decisions about the type of health care insurance coverage need for themselves or their families.

My research showed that the alarming reality that there were 2.2 million uninsured non-elderly New Yorkers in 2014, although the ACA has been in effect as of 2010. This statistic confirmed for me that even with bringing church leaders together, which was in itself a difficult task, the many residents of the Village of Hempstead were not reached in time to meet the 2015 deadline for enrollment in an insurance plan and therefore will be subject to a fine. The need for a web-based health and wellness information ministry was confirmed and I redirected my project to focus completely building the Oliveyard Ministries, Inc. Health and Wellness Information Services Ministry (HWISM) web site.

CHAPTER 1
MY PEOPLE PERISH FOR THE LACK OF—RESOURCES

Nassau County is one of several New York State counties whose total population has remained the same even though it is significantly older than it was twenty or even ten years ago; and it has become far more ethnically, racially and economically diverse. While the county ranks among the top fifteen counties in the nation in terms of median household income the difference between affluent and poorer communities is pronounced.[1]

First Hempstead African Methodist Episcopal Church (FHAMEC) is a small church located in the Village of Hempstead within Nassau County, New York. The Village of Hempstead is one of several villages and hamlets that make up the Town of Hempstead located in Nassau County, New York. The Village of Hempstead is a four square mile area that has developed over the past three hundred and fifty years into the largest village in New York State with over 60,000 residents.[2] Demographically, the Village of Hempstead consists of many blocks of very distinctive residential character. The Village of Hempstead is home to house renters, apartment dwellers, middle-class homes owners, stately homes own by the upper middle class and indigent families in temporary housing situations. With such a mixed make-up of the housing situations it is

[1] U. S. Census Bureau, "QuickFacts, Nassau County, New York," http://quickfacts.census.gov/qfd/states/36/36059.html (accessed April 9, 2015).

[2] Village of Hempstead, "A Brief History of the Village of Hempstead," http://www.villageofhempstead.org/about.asp (accessed April 9, 2015).

obvious that the socio-economic and income base would be very diverse among the residential areas.

There is a broad range of public, private and not-for-profit social and health care service programs for the residents. Many of the residents can well afford private health care services and health care insurance. However, the majority of the residents are reliant on medical services and health care insurance through the public health system. The public health system services that are readily available are Medicaid, Medicare, Child Health Plus, Family Health Plus, and other private health care insurance plans recently developed under the New York State's Marketplace.

There are several health care providers within the Village of Hempstead, but the major concerns that are constantly raised by the FHAMEC members, local residents and health care professionals are the lack of health care facilities. The residents of the Village of Hempstead must travel to other neighboring towns for emergency services and surgical procedures. Independent Urgent Care and Emergency Care Centers are also unavailable to the local residents. The lack of healthcare facilities, specifically hospitals, has been a major ongoing concern for several years.

In 2005, Laura Williams, a reporter for the *Daily News*, covered the story of cardiologist Aubrey Lewis' attempt to garner support for reopening the Island Medical Center, located in the Village of Hempstead that was closed in 2003 because of financial problems. Ms. Williams reported on Dr. Lewis' frustration with politicians' lack of action and his petition drive to pressure authorities to reopen what is commonly known as

"Hempstead General Hospital."[3] The matter of reopening the hospital is currently dormant, but the matter of patient care services and health care insurance are major concerns as a result of the passage of the Patient Protection and Affordable Care Act (PPACA), commonly called the Affordable Care Act (ACA).

The passage of the Patient Protection and Affordable Care Act in 2010 was an important event for the country, and a significant event for the people of Nassau County and more specifically for the residents of the Village of Hempstead. The PPACA provides the residents of the village of Hempstead with the opportunity to receive affordable health care insurance coverage and access to health care services that they may not have had prior to the law being passed. According to the Institute of Medicine, "access is the timely use of personal health services to achieve the best possible health outcomes" and assuring "access" to care is an essential public health service.[4]

In the Village of Hempstead, "access" is dependent on many factors, including living space, level of education, finances, having individual or employer provided health insurance and transportation to available physicians and/or hospitals in the community. It is also dependent on having health care facilities and health care information services that can accommodate and respond to the needs of the community. Social and economic status is a factor and also contributes to every aspect of the community being able to attain funding for community health services and other projects. It is important to note that political involvement greatly impact and influence Community services. It is often

[3] Laura Williams, "Doc in Push to Reopen Hempstead Hospital," *New York Daily News*, April 20, 2005, http://www.nydailynews.com/archives/boroughs/doc-push-reopen-hempstead-hospital-article-1.594194 (accessed April 9, 2015).

[4] Kathleen N. Lohr, ed., *Medicare: A Strategy for Quality Assurance*, vol.1 (Washington, DC: National Academy Press, 1990).

referenced that to date, there has been no discussions about re-opening the Island Hospital or providing more convenient health care medical centers with in the Village of Hempstead.

Michael Marmot writes in his book, *The Status Syndrome: How Social Standing Affects Our Health and Longevity*, "The circumstances in which people live and work are intimately related to risk of illness and length of life. Everyone in the population is classified by their formal education and ranked from least to most. The higher the education the longer people are likely to live, and the better their health is likely to be." Michael Marmot also writes that an important observation to note in our society is that the lower the income, the worse the peoples' health status and the shorter their lives. [5]

This observation is certainly the situation for many Latino/South American families as well as the Black Americans, African, Caribbean, other immigrants and poor white people that comprise the Village of Hempstead community. Some people within these racial and ethnic groups often have challenges with crowded living conditions, poor nutrition, and drug and alcohol abuse that impact their health and life span. Social and economic standing also influence the types of services and funding a community receives.

Michael Marmot also points out that in the United States that overall, the higher the household income, the lower the mortality rate and those in the poorest households have nearly four times the risk of death.[6] These issues and several others make the Patient Protection and Affordable Care Act (PPACA) necessary for people living in these various

[5] Michael Marmot, *The Status Syndrome How Social Standing Affects Our Health and Longevity* (New York: Henry Holt, 2004), 14.

[6] Marmot, *The Status Syndrome*, 16.

situations to gain access to needed health care facility services and health care insurance coverage which may not have been necessarily available or affordable to them.

As with any other law or regulation, the Affordable Care Act (ACA) is not written in layman's language. There are several provisions, sections, mandates and dates defining how health insurance companies must operate; the levels of health care plan coverage that should be offered; patient's rights; employer mandates; and mandates for individual persons, etc. The legal interpretation of the Affordable Care Act (ACA) is compounded by the media's interpretation of health coverage or the changes in health services as a result of passage of the Patient Protection and Affordable Care Act (PPACA). It definitely gives anyone who is listening many questions to ask and the expectation of a simple, non-legal interpretation of the Patient Protection and Affordable Care Act (PPACA) which provides them with the "what's in it for me" and "how" or "what do I need to do to obtain health insurance and be covered" information.

Many residents in the Village of Hempstead are asking these basic questions. Many of the residents are members of the many churches in the Village of Hempstead who are seeking information and answers to specific questions about the advantages and possible disadvantages of the Patient Protection and Affordable Care Act. The unfortunate fact remains that individuals and families within the Village of Hempstead and other surrounding communities of the greater Hempstead area are likely to be uninformed or misinformed of details of the Patient Protection and Affordable Care Act benefits, its mandated health care provisions, the requirement that all U.S. citizens have health care Insurance coverage or the ramifications of not meeting the mandates of the law.

The Kaiser Family Foundation, a not-for-profit organization, provides what I believe to be very good and credible information, policy analysis, and expert non-political commentary on health care issues. The Kaiser Family Foundation conducted several comprehensive tracking polls that gathering information about how Americans receive information about the recent changes in healthcare and healthcare services.

As you may know, a health care bill was signed into law in March 2010. As far as you know, which comes closest to describing the current status of the health care law?	**All**	**Ages 18-29**	**Annual household income less than $30,000**
It is still the law of the law and is being implemented (aware of ACA status)	59%	49%	42%
Unaware of ACA status (NET)	42	51	59
It has been overturned by the Supreme Court and is no longer law	7	8	14
It has been repealed by Congress and is no longer law	12	21	16
Don't know/Refused	23	22	29

Note: Percentages may not add to 100% due to rounding.

Figure 1: Kaiser Health Tracking Poll: April 2013

The chart above shows that 4 out of 10 people are unaware that the affordable care act is still the law and being implemented.[7]

Understanding the facts noted above and realizing that the statistics could very well represent the community where my church is located as well the members in my church, it concerns me that resources are available to assist people with living healthier lives; but receiving needed health care services and health care coverage is impeded by not having access to information or that the information is too technical for them to understand it.

[7] Henry J. Kaiser Family Foundation, "Kaiser Health Tracking Poll: April 2013," http://kff.org/health-reform/poll-finding/kaiser-health-tracking-poll-april-2013 (accessed April 6, 2015).

Hosea 4:6 says in part that *"the lack of knowledge . . . "* is a cause for people to perish. Applying these few words from the Book of Hosea in the context of a community with serious health care needs and several barriers to obtaining services, this Scripture seems to support a ministry that will provide and share relevant information (*knowledge*) through church and local community connections about the public and private entities that provide affordable health care services, and other relevant information and assistance to help people sustain a healthier life (*and not perish*) now that the PPACA requires it. The new Health and Wellness Information Services Ministry (HWISM) will be a component of Oliveyard Ministries, Inc. and will be supported by FHAMEC as well as other church leaders. Oliveyard Ministries will include a Health and Wellness Information (HWI) focus and build a website that provides web-linked information about the Patient Protection and Affordable Health Care Act, health care related resources, local health and wellness retail stores, nutrition information resources as well as biblical reflections, a prayer wall, sermon health and healing illustrations, and health and wellness reflections through the Oliveyard Ministries, Inc. (OYMIN.org) website. The health and wellness information (HWI) provided on the OYMIN web page is intended to initially inform the residents of the Village of Hempstead of the resource materials within the local area. The website will be available to pastors, church leaders and others in the local community and will welcome anyone to visit the site.

CHAPTER 2
MY PEOPLE PERISH FOR THE LACK OF—CONCERN

The immediate need to provide PPACA information materials and resources that help people understand their rights and to enroll in a health care insurance plan is important to ensure that individuals and families know what to look for in a health care insurance plan. Many residents in the community are stifled by language limitations and economic barriers which impede their access to information regarding the specific details that directly impact them as a result of the new law. For example, there are certain limitations that will impact the Latino/South American families. Anyone who is undocumented is placed in unique situations under the Patient Protection and Affordable Care Act. While they are ineligible for health care coverage, they may be able to choose an affordable health insurance plan for their dependent children.

Considering the issues previously discussed, as the Pastor of First Hempstead AME Church (FHAMEC) with extensive knowledge in human resources and benefits, it was obvious to me that I should share my knowledge. My many years of negotiating contracts, analyzing employee health care insurance plans, health care provider services, and patient claims costs and controls gives me a very good understanding of the significance of the passage of the Affordable Care Act. In addition, my personal firsthand knowledge of the working changes of the Affordable Care Act was from the vantage point of having a family member, who at the age of 54 developed a serious illness. The situation was very serious and almost terminal. If the ACA and health care reform were

not law, my family member would have exhausted the previous maximum lifetime healthcare benefit of limit of one million dollars within two years. His illness required several doctor visits and surgeries, extended care and costly maintenance mediations as well as regular monthly doctor visits. He is still on maintenance drugs and regular doctor visits.

While I do not claim to have the answers to every question because of my personal and professional experience, I do have information and access to resources that would be helpful when applied as a ministry. I believe that as a Pastor, I am responsible to inform and educate as many people as I can, not only about the teaching of the Canon but also about resources and issues that impact their lives. I see my role and ministry as helping people understand the issues so that they can make informed decisions about the best and necessary health care services that they can take advantage of for themselves and their families.

I decided to implement a Health and Wellness Information (HWI) to Oliveyard Ministries, Inc. as a necessary ministerial component that would provide answers and details of the Patient Protection and Affordable Care Act, research health care insurance companies providing services to the residence in the Village of Hempstead, health insurance coverage plan options and cost, pharmacy (medication) coverage options, location of health care facilities as well as provide enrollment information, dates and locations for residents to the Village of Hempstead community to sign up for coverage.

Recognizing that there are serious differences in health status and health insurance access based on race and ethnicity in Village of Hempstead, and Nassau County as a whole, the HWI ministry component would present an opportunity to

decrease those differences through the information provided on the Oliveyard Ministries, Inc. website. The challenge is how to inform the community of the helpful information about the Patient Protection and the Affordable Care Act that will be available through the Oliveyard Ministry, Inc. website and connect the information to the healing stories in the Bible.

The community needs to understand the situation that they are living in and the statistical reports that have been developed about their status. Church leaders need to share the Nassau County Department of Health Community Health Assessment 2005-2010 that shows the U.S. Census estimates of the higher percentages of blacks and Hispanics are uninsured, nationally 19.4% of all blacks and 32.7% of all Hispanics. In New York State, it is estimated that 17% of the state's 18-64 year old population has no health insurance coverage and the percentage of uninsured blacks is 20.0% and Hispanics 36.8%.[8]

[8] Nassau County Department of Health, "Community Health Assessment," http://www.nassaucountyny.gov/DocumentCenter/View/8226 (accessed April 9, 2015).

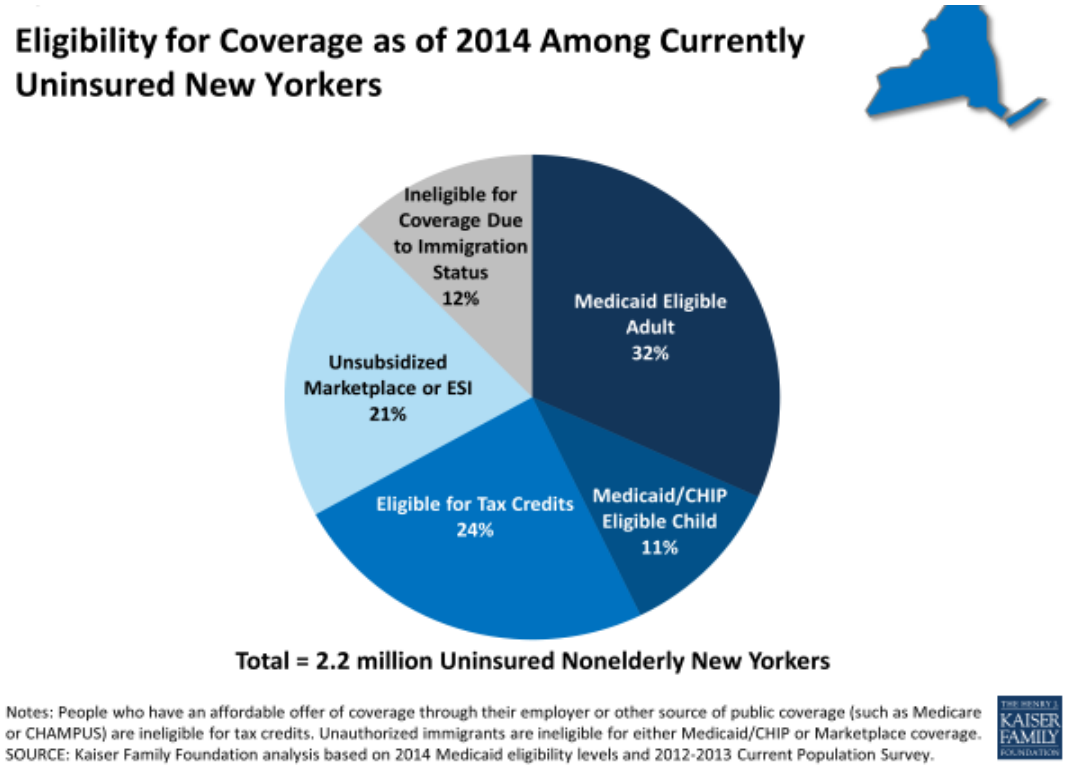

Figure 2: Eligibility for Coverage Among Uninsured New Yorkers 2014

The chart above shows the uninsured situation in the State of New York. It also explains New York's decision to take advantage of the PPACA and implement the Medicaid expansion, over two-thirds (67%) of uninsured non-elderly people in the state are eligible for financial assistance to gain coverage through either Medicaid or the Marketplaces (Figure 2).[9] Given the income distribution of the uninsured in the state, the main pathway for coverage is Medicaid, with over four in ten (43%) uninsured New Yorkers eligible for either Medicaid or CHIP as of 2014. While some of these people (such as eligible children) are eligible under pathways in place before the ACA, many adults are newly-eligible through the ACA expansion. Nearly one quarter (24%) of the

[9] Henry J. Kaiser Family Foundation, "How Will the Uninsured in New York Fare Under the Affordable Care Act?" kff.org/health-reform/fact-sheet/state-profiles-uninsured-under-aca-new-york (accessed April 6, 2015).

uninsured in New York are eligible for premium tax credits to help them purchase coverage in the Marketplace.

As previously noted, the lack of health care insurance or under-insurance is a major problem for many of the poor and middle class in Nassau County. The exact number of uninsured individuals and families is difficult to report but may equate to more than 200,000.[10] In light of the Census information, one could conclude that there are several Village of Hempstead residents without adequate health insurance or any health care insurance coverage that need the services of the Oliveyard Ministries, Inc. new Health and Wellness Information Ministry (HWISM).

Providing up-to-date information and answers to the many questions arising from political controversy, dining room discussions, barber shop talk, hair salon conversations, Church Fellowship Hall, and senior citizens gatherings about the Affordable Care Act, I believe should start with community involvement and more specifically the churches and religious organizations who have a vested interest in helping members to lead full, healthy lives. Leaders of these institutions put an inordinate amount of energy and time into renewing the mind, softening the heart and spiritual formation of their members or workers attached to the church organization. Cultivating these areas and improving people's general attitude and outlook on life is commendable. However, if the physical body is ignored it will not support the mind (brain) or the heart (spirit).

HWISM will provide clergy persons engaged in PPACA conversations with the accurate information needed to answer questions and discuss the impact of the Affordable

[10] U. S. Census Bureau, "Selected Economic Characteristics," http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=bkmk (accessed April 9, 2015).

Care Act in a meaningful way that will help people make good decisions about their health care and health care options.

I believe that as a pastor and a church leader, having access to a Health and Wellness Information Ministry is necessary to help people focus on their physical health conditions, embrace the fact that they are responsible for their health care, inform them of the health care services and insurance coverage options and focus these instructions based on Scripture and Biblical stories. The Bible instructs church leaders to teach the people so that they do not perish because of the lack knowledge or information (Hosea 4: 6). Pastors and Church leaders have the unique advantage of being in a position to support those that need help sorting through the pages of health care information pamphlets as well as the unfamiliar terms. Whether we are pastors, ministers or church group leaders, we have an opportunity and responsibility to instruct, develop, and help improve the lives of people in our churches and communities. We are "called" to be the preacher of the Gospel (the Good News) and to heal the sick. Luke Chapter 9, tells us that the disciples were given clear instructions and power to go preach the Good News and to heal the sick. Luke is clear that the disciples did as they were prepared to do in that they departed and went through the villages bringing the Good News and healing the sick.

The same commission that was given then is given today in the context of modern technology and advanced medicine and society with its sophisticated drugs and the stubborn viruses (diseases) of today. Church leaders must learn to interpret the Bible with an application of today's situations and the needs of the people, in light of modern technology. To be clear, I am in no way suggesting that we should taper with or change the established theological and historical foundational interpretation of the Canon.

However, I'm suggesting and challenging pastors, ministers and church leaders to think outside their church's traditional scriptural interpretation and application boxes.

It has been my experience that Pastors and Sunday School teachers who teach Bible study lessons on the Apostle Paul's letter to the people of Corinth, if they properly exegete 1 Corinthians 6:18-20, probably explain the text with reference to the sexual immorality among the people that was taking place in the city of Corinth. The Apostle Paul's letter instructs the Corinthians, that as Christians, their body is the personal dwelling place of the Holy Spirit; and because the Holy Spirit lives in a Christian's body, they belong to God. Further, because the Christian's body belongs to God it should not be defiled.

This principle, I conclude, can be extended and used for other important lessons that Christians should be taught, such as how to properly and responsibly care for our physical bodies in every aspect. This overall care includes good wholesome eating habits, reasonable physical and mental fitness and annual physical, dental and vision examinations that are necessary to maintaining a healthy body. Health care and wellness should be emphasized as a priority for every Christian person as much as the avoidance of sin; particularly with the understanding and acceptance that our bodies belong to God as stressed in the 1 Corinthians 6:18-20 text.

It occurred to me that the biblical stories about healing, the methods used in the healing process and the individual's faith applied in each situation need to be re-examined and explained with a positive new focus on modern day health care and wellness applications. The healing stories were recorded, I believe, to demonstrate the power of faith and the evidence of a divine power that is able to intervene in all of the

physical conditions of humankind. When researching the number of healing events recorded in the Bible, I found many websites with information relating to the "healing scriptures and healing events" in the Old Testament and New Testament. There were very few sites that addressed *healing* with a modern day application or perspective on health care and wellness as a part of God's plan for his human creation. It is my intention to enlighten those in church leadership roles and ministry though HWISM that *healing* today should include understanding the health care reform, affordable health and drug insurance plans, disease screenings, health care facilities, healthy eating, physical and mental exercise; the family's history of illnesses as well as spiritual formation.

It is important that pastors and church leaders begin to examine the many biblical stories of people being "healed" from different types of sicknesses and diseases both in the Old and the New Testament. The evidence that God is concerned about his human creations is demonstrated in the Old Testament Book of Leviticus when God chose his priest to act as the "medical examiner" to oversee the health concerns of the Israelite community as they wandered the wilderness. The priest, because there were no physicians, became the central figures in diagnosis, helped care for the sick patients, and took sanitary measures to prevent the spread of the disease to the rest of the community.

Leviticus Chapters 13 and 14, describe how the priest was given the responsibility to determine cleanliness and uncleanness for persons with leprosy. Leprosy was one of the most feared diseases in the ancient world. Leprosy is caused by bacterium that spreads across the skin, causing sores, scabs and white, shiny spots. The most serious problem however is the loss of sensation. Without the ability to feel, lepers injured their

tissue leading to further infection deformity, muscle loss, and eventually paralysis.[11] In biblical times, lepers suffered from the slow progressive, incurable skin disease that was believed to be highly contagious. If anyone appeared to have the disease, or even the symptoms of leprosy they were subject to banishment from the community. In Chapters 13 and 14 in the Book of Leviticus God gives detailed instructions to the priest on how they should examine persons with leprosy as well as how the community should handle the person with the disease to prevent an epidemic.

In Chapter 13, we read instructions for examinations of people with leprosy. Specifically, Leviticus 13: 1-59 says

> And the Lord spoke to Moses and Aaron, saying when a man has on the skin of his body a swelling, a scab, or the bright spot, and it becomes on the skin of his body like a leprous sore, and he shall be brought to Aaron the priest or to one of his sons the priests. The priest shall examine the sore on the skin of the body, and if the hair on the sore has turned white, and the sore appears to be deeper than the skin of his body, it is a leprous sore. Then the priest shall examine him, and pronouncing him unclean. But if the bright spot is white on the skin of his body and does not appear to be deeper than the skin, and his hair has not turned white then the priest shall isolate the one who has the sore for seven days. Then the priest shall examine him on the seventh day; and indeed if the sore still appears to be as it was, and so has not spread on the skin, then this we shall isolate him and another seven days. …

Chapter 14 of Leviticus gives instructions about the poor leper's sacrifice, the leper's house and examining the house for signs of leprosy. Pastors and church leaders have overlooked these passages of Scripture that can be worked into sermons that would enlighten the congregation about the lack of medical resources and doctors during Israel's wilderness experiences and how God showed his love for his people by his intervention. Another sermon lesson could be developed to show God's intervention and his use of the

[11] medical-dictionary.thefreedictionary.com, s. v. "leprosy."

priest, as a church leader, was designated to help teach or inform the leper and the community on how to take responsibility for their physical health needs and prevent the spread of a crippling epidemic.

Neither Chapter 13 nor Chapter 14 are on the annual Common Lectionary Preaching schedule; nor are they usually a preaching theme or Bible study focus. These two chapters, focused specifically on leprosy as a major health care issue that was so serious that it took God's divine intervention to contain and prevent a community health crisis. God's divine intervention presents an opportunity for pastors and preachers to preach and teach about preventative health care measures and God's concern about wellness in the community and the church. Also, one could conclude that God speaking to the priest demonstrates his expectation that those called to serve him (pastors, ministers, etc.) would be actively involved in instructing the people on how to prevent certain epidemics in the community.

In the Old Testament it is clear that the priest, as the church leader, was assigned the responsibility to identify and provide a civil means of care for sick people. This is also true for the priest in the New Testament. The Gospel writers, Matthew, Mark, Luke and John record several miraculous healings of various sicknesses, diseases, mental dysfunctions and relief from socio-economically oppressive situations performed by Jesus Christ (the Divine High Priest). The Gospel writers also inform the readers of the political controversy that surrounded every healing event Jesus Christ performed.

The controversy presented by the Jewish priest and leaders (Pharisees and the Sadducees) of the community in many ways reflect today's attitude towards sick people and community health. The Pharisees and the Sadducee were content with accepting the

status quo of separating the sick from the community and having them atone for their sin which was the reason for their being sick. They continued to attribute sickness and disease to sin and refused to think outside their profitable political and social structures.

The website I found to be most helpful in understanding the New Testament healing scriptures in a broader scope was *NightTimeThoughts.org*, authored by Dr. David Packer, Pastor, International Churches Ministry, Inc.[12] Dr. Packer's Bible Study on Healing in the New Testament, expressed the type of new approach I believe should be used in conjunction with teaching the congregation about healing with an application of today's health situations.

Dr. Packer explained the four Greek words that are commonly translated as "to heal" or "to cure" in the New Testament: *therapeuo, iaomai, sozo* and *diasozo.* *Therapeuo* means in its original form, "to serve" or "to attend [to someone]" and came to be associated with caring for the sick or treating the sick. The word, Dr. Packer notes is found 43 times in the New Testament, 40 in the synoptic gospels (mostly Matthew and Luke) or Acts and is generally translated as "heal." He explains that *therapeuo* is used at least once in the sense of "serve" in Acts 17:25, "He [God] is not served [*therapeuo*] by human hands." Matthew used the word when linking the healing ministry of Jesus to Isaiah 53:5 in Matthew 8:16-17.

Iaomai means "to heal" or "to make whole" and was used at least 22 times to describe physical healing (for example, Matthew 15:28) and several times to describe, figuratively, spiritual healing: Matthew 13:15; John 12:40; Acts 28:27; Hebrews 12:13;

[12] David Packer, "Healing in the New Testament," May 30, 2010, http://nighttimethoughts.org/?s=healing+new+testament (accessed April 9, 2015),

1 Peter 2:24, all of which, except for the Hebrew passage, was used to translate *rapa* from Isaiah. Luke the physician in his writings used the word 15 times.

Sozo meant "to save" and is translated "to heal" in Mark 5:23 and Luke 8:36. The Mark passage referred to a child who needed healing and the Luke passage referred to a demoniac who needed to be made whole.

Diasozo meant "to save thoroughly" emphasizing complete healing, Luke 7:3, and when used in the active voice is often translated "escape," meaning "to bring safely through a danger." The word was used in Acts 23:24 to convey the idea of safe passage. Dr. Packer writes, in summation, that *therapeuo* stressed the act of healing or treating, "to treat," *iaomai*, stressed the result of treatment, "to cure" or "make whole", and *sozo* stressed salvation, "to save."[13]

He instructs the reader or the Bible teacher that they should not try to make the words significantly different from one another. They were not limited to healing from diseases but included being healed (or being made whole) from demonic possession and spiritual unsoundness. Dr. Packer is careful to remind the user of his work that the words in each healing Scripture, in their context, carry the idea of complete healing and restoration of the person's whole health physical, social and mental states of well-being.[14]

The biblical story found in the Book of Acts, Chapter 3, that describes an encounter between two disciples of Jesus Christ, (Church Leaders) Peter and John, and a poor lame, "impoverished, disabled or physically challenged" (to use today's politically

[13] Packer, "Healing in the New Testament."

[14] According to *Vine's Expository Dictionary of New Testament Words*, three Greek nouns translated "healing", and their corresponding meanings are: *therapeia*, denoted "care", "attention" (Luke 12:42) or "therapy" (Luke 9:11) and sometimes "health" (Rev. 22:2); *iama*, meant "a means of healing" or "a healing", the results of healing act, and in the plural form "healings" in 1 Cor. 12:9,28,30; and *iasis*, related to *iama* and *iaomai*, stressed the "process as reaching completion," Luke 13:32.

correct terms to describe the man's condition) man begging for money at the entrance of the Temple. The man is described as being lame from birth and needing to be carried to Temple Gate daily to beg for (alms) money to presumably support himself. The poor man seeing Peter and John about to enter the Temple asked them for alms. Peter and John's response was not to give the man money but to call the man attention to their situation. Peter said to the man "silver and gold I do not have, but what I do have I give you: In the name of Jesus Christ of Nazareth, rise up and walk." The story goes on to say that Peter took the man by his right hand and lifted him up, and immediately the man's feet and anklebones received strength. The man leaped up, stood and walked into the Temple with Peter and John leaping and praising God for his healing. The story ends with the people in the Temple recognizing the man as once being unable to walk as now being healed and healthier then he was when they last saw him outside the Temple. The storyteller makes a point of noting that the people were filled with wonder and amazement at what had happened to the once lame man.

This story is a good depiction of the many everyday encounters that church leaders, pastors, and congregation members have with people that are in need of financial, physical and spiritual help. The many people who are ill, have disabling conditions, physical challenges, or are impoverished enter the doors of churches every week looking for hope and relief. In many cases, these people have exhausted their personal resources and possibly family resources and do not have any place to turn to for help. As a pastor, I understand that people's personal expectations of help, relief from pain, and healing depend very much on what they have been taught about the meaning of

faith, their experiences with health care services, and their ability to couple both to together and get well.

I have found that the people that come seeking help from my church, as well as members of my congregation, tend to only share about their health care accessibility when they are challenged by the lack of access to health care services for serious health conditions. I have also found that some church members who allowed life distractions to keep them away from church on Sunday find their way back to church seeking to reconnect with their faith and others that (they believe) have the faith and prayers to help them overcome their illness.

Like the lame man at the Temple Gate who begged Peter and John for money to meet his need for the day, people find their way to or back to the Church seeking help from the people in the Church they believe can provide at least minimal immediate help for the moment in the same way. It has been my experience that sick people also often come to the church or back to church because they have heard that healing is available through faith and prayer.

It is also my opinion that the general pastoral or church response towards persons that are very ill or afflicted with mental health issues, inside or outside the church, is similar to Peter and John's response and actions, "silver and gold I do not have, but what I do have I give you: In the name of Jesus Christ of Nazareth, rise up and walk." We tend not to have money (certainly we do not have any "silver or gold") to give, and very few pastors or church leaders (in my denomination to my knowledge) have demonstrated the powerful gift of healing where lame people have jumped up out of their wheel chairs or tossed aside their crutches and ran around the church.

The most lucrative hand extension or gesture church leaders are usually able to offer to persons are a listening ear, a prayer and maybe a referral to a friend who is a physician. Even then, the referral is usually only a consultation visit to the physician's office and any continuing treatments are contingent upon the person's ability to continue services as long as they have some type of health care insurance plan to which the doctor is contracted.

Peter's response and act of helping the man to get up and walk provided miraculous healing for the man through their faith in Jesus Christ. Peter's actions towards the man actually relieved the man's condition and according to the end of the story and refocused the man's attention on his physical ability to walk and leap, a use of his legs that he obliviously had no hope of being possible before his chance meeting with Peter and John. The story implies that the man's most valued need was the change in his health condition which became the subject of his conversations rather that his need for money.

Most people, (churchgoers or not) are likely to attribute their healing to good health care services, faith and prayer in that order. With that knowledge, it is important that church leaders become more familiar with the physical health conditions and health care service needs of those in their churches and community.

The pastors and church leaders today should see the study of healing in the Bible as a cross-occupational exercise. Pastor and church leaders must begin to learn as much as they can about the community and health care services to encourage people to have faith in Jesus Christ, but also provide them with tangible information about health care and other resources. Fredrick J. Gaiser points out in his book, *Healing in the Bible: Theological Insight for Christian Ministry,* that healing is literally a matter of life and

death, part of actual human struggle for self-preservation. And, like everything of primary importance of human beings, healing is shaped and normed and by culture they live in.[15]

In the time of the Old and New Testament, God used the priest to bring about healing to the Israelites. Today trained physicians and health care systems are the norm throughout the modern societies.[16] I believe healing comes as a gift of life from God, the creator of all things. I also believe that the institution of national health care and the Affordable Care Act are resources inspired by God.

It is also clear that the physical health and wellness should be a priority concern and included in my church ministry. As John A. Sanford states in his book, *Healing Body and Soul, The Meaning of Illness in the New Testament and in Psychotherapy,* God wants us to be ambassadors of the good news of God's love and healing present. I see myself and other pastors and ministers as ambassadors that should bring the message of good health care and available services. Our task is to be messengers of the kingdom of heaven, appropriating it to ourselves and to our situation and then adapting it to the unique situation of the persons to whom we are reaching out. The healing ministry has to be that which is rooted and grounded in love as well as information that achieves lasting results or bring people into the full potential of which they are capable.[17]

There are many sick people outside the church and there are many church members within church that have serious health conditions that have gone unmet for

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[15] Frederick J. Gaiser, *Healing in the Bible: Theological Insight for Christian Ministry* (Grand Rapids, MI: Baker Academic, 2010), 36.

[16] Ibid.

[17] John A. Sanford, *Healing Body and Soul: The Meaning of Illness in the New Testament and in Psychotherapy* (Louisville, KY: Westminster/John Knox Press, 1992).

many years. They have had to put up with the overwhelmed and failing health care system. They need assistance with understanding the ins and outs of Medicare, Medicaid, and the types of health care insurance coverage available under the Affordable Care Act. This type of information should be available for the Village of Hempstead residents such as retirees, working people and the underemployed who are not eligible for public health insurance plans; and the growing number of undocumented immigrants, and homeless persons who have little or no understanding of the importance of accessing health care insurance now that it is a mandate.

The New Testament Scripture in many ways reflect today's attitude towards sickness and community health. In the New Testament, the Gospel writers reported several instances of Jesus Christ encountering persons with physical conditions that needed his attention. The Gospel writers also record the many times when Jesus did heal a person the Sadducees or the Pharisees objected to the timing of the healings. There are several issues around health and healing that most pastors and leaders seem to take for granted or seem to ignore.

The process of health care and healing may take many forms; and to evaluate or compare processes with other cultures other than the United States and in the context of Bible cultures, I think invites us to expand our knowledge about physical healing and spiritual formation as a total package. I think that applying new concepts give pastors and ministers an opening to be of greater service to God and neighbor. It will assist pastors and church leaders to begin thinking about Scripture application or emphasize the correlation between physical health care and spiritual formation as well mention the

benefits of the Affordable Care Act. I developed sermon illustrations and include three sermons contributed by clergy that participated in my research project in Chapter Six.

It came to my attention that members of my congregation and their families were experiencing very serious health issues and needed to have health care services that exceeded their current health care insurance coverage. I became aware that health care services are not immediately available in the area and that the community needed a resource mechanism to provide information about affordable health care services, health insurance coverage and health care options.

Church leaders need to be concerned about the whole person, the physical body as well as their spiritual formation. In my opinion, few churches have done a good job of building the socio-economic status and (hopefully) the spiritual reformation of their immediate communities. However, there is an important need for church leaders to also provide information to help people care for their physical bodies. The care for one's physical and mental well-being is essential to continued church attendance. Church leaders must recognize that congregations are made up of people who are too ill or mentally unable to attend Church services and then be willing to help them with every resource possible.

We often use the phrase "It takes a village to raise a child" to garner support and concern of all in the community to care for and educate our children. The same approach should be applied to persons in every community and church congregation. Everyone needs to be informed or better informed about the benefits of healthy eating and physical fitness and mental well-being. It is reasonable to conclude that healthy members are more likely to attend church and be more productive in the church. It is also reasonable to

conclude that the church cannot survive or carryout its mission without healthy people that make a healthy congregation.

The church and preachers are usually well versed in the healing Scriptures of the Bible. I have taught Bible Study lessons on the Gifts of the Holy Spirit — perseverance and long-suffering — and encourage people to seek the power of the Holy Spirit to help strengthen them though their times of sickness and when they are providing care for a family member or friend. I have heard and preached about healing and having faith to endure the anguish caused by the disease of cancer or AIDS.

I have not heard much preaching or teaching specifically about healthy eating, the benefits of exercise, encouragement to have regular physical checkups or to seek counseling from mental health professionals. Nor have I preached about these things in the past. The revelation of the importance of preaching ad teaching about health and wellness is the result of studying the Scriptures with the benefits of the Affordable Care Act constantly in the forefront. For me, it means thinking "theologically" about "what being healthy" meant to the lepers, the crippled man, the woman with the hemorrhaging problem, and to Jacob after his hip was fractured as he wrestled with the Angel. Think of biblical stories to compare the manufactured chemical medicines and treatments of today to Jesus' demonstration of holistic medicine when he used the all-natural ingredients of spittle and dirt to make healing ointment to treat blindness. Thinking outside of the box, and being careful to exegete the Scriptures properly will help not only to inform the congregation but also help with their spiritual transformation.

Morton Kelsey, in his book *Healing and Christianity* writes, "God wants us to be ambassadors of the good news of God's love and healing present." I am an ambassador

when I know the message of the country that does that and try to present understandable to those to whom I am sent. My task is to be a messenger of the kingdom of heaven, appropriating it to myself, and my situation and then adapting. It is the unique situation of the person at home to whom I am reaching out. The Christian healing ministry that is not rooted and grounded in love seldom achieves lasting results or brings people into the full potential of which they are capable.[18]

The pastors and church leaders are supposed to, and are expected to tell people what they should do. We are expected to convey the words of wisdom and great power. People in the pews, I think, listen to the pastor when she or he tells them something that will help them when there is line drawn from the Bible to the message.

[18] Morton T. Kelsey, *Healing and Christianity: A Classic Sturdy*, 3rd ed. (Minneapolis: Augsburg, 1995), 301.

CHAPTER 3
MY PEOPLE PERISH FOR THE LACK OF—AFFORDABLE HEALTH CARE

The history of medicine and health care dates back to ancient Egyptian times and there are numerous documents that come from 1900 BCE to 1500 BCE that inform us of this fact. Many ancient Egyptian doctors and priests believed that disease was caused by spiritual beings. While the secular practice of medicine was discussed in other ancient religious writings, it was barely mentioned in the Old Testament. For instance, the Persians and the Chaldeans recorded the separation of medicine into surgery, medicinal treatment, and prayer — indicating that all three were considered and discussed. Among Egyptian writings there is at least one long account of the diseases treated, which even goes into the fees received by the physician. But in the Old Testament physicians are hardly mentioned except in a derogatory way. "The only reference in the historical record is in connection with the death of King Asa, and here it is made quite clear that he died for a good reason. A disease attacked him from head to foot, and, what is more, he turned in his sickness, not to Yahweh, but to doctors" (2 Chron.16:12). [19]

In the book of Genesis we see the mention of plagues that were sent to the Pharaoh's house when he took Sarah into his palace (Genesis 12:17). In the instance where Abimelech made the mistake to take Sarah from Abraham, God made all of the women of his household infertile (20:18). In the book of Exodus, plague overtakes Egypt

[19] Kelsey, *Healing and Christianity*, 31.

and all of the firstborn males die. Also in Exodus, we see the first case of a leprosy victim, Miriam for her slandering of Moses. In Miriam's situation we see that she is removed from the camp to prevent the spread of the contagious disease.

And in each of these biblical references we only read about the diseases and God (or Yahweh) being both the one who infected the disease and the one who healed people from the disease. Another way to think about the situations of those times is to recognize that God was concerned about the people and their health and welfare. He made a promise of deliverance to the Hebrew people that it is spelled out in Exodus 23:25; he made a promise that he would bless them and take away the sickness.

This promise is throughout the Old Testament Scriptures and repeatedly demonstrates God's commitment to help manage the health issues of the people provided they followed his prescription. In keeping with his promise, God gave a specific instruction to the Levite priest in the Book of Leviticus, (as previously noted in Chapter 2), to act as the person that would control the spread of dreaded diseases.

The health issues mentioned in biblical times appear to be as complex as the health issues we face today. The health care system was not efficient enough to offer care to everyone and the sick or poor people did not have access to the physicians or cures. The common sicknesses and diseases that were prevalent during ancient and biblical times were leprosy, blindness, fevers, and epileptic seizures, psychological dysfunctions, and paralysis disorders. These diseases appear frequently in both the Old and New Testaments as major health concerns for the community and individuals and they still exist today to a lesser degree among some cultures.

People who were sick were in desperate situations. Morton Kelsey, in his book *Healing and Christianity,* suggest that there was real hostility towards people who were sick and the forces that cause it including those who obstruct healing. Morton writes that Deuteronomic Judaism affirmed that sickness was the result of sin.[20] This being the belief caused sick people to have to deal with a stigma (being a sinner) and therefore deserving of their sickness as punishment from God.

The priests in biblical times were very close to the local community and they were selected to help make the town or village a healthier and better place to live. As mentioned previously they were practicing their medicine on those that needed healing and service to those that needed help getting well. One can presume that for the community, the priest was expected to have all the answers as well the knowledge of how to care for the sick. One would also presume that prayer would be a major part of any healing remedy that the priest prescribed.

Today's health care has moved well beyond the Hebrew Priest with a mortar and pistil, water and oil, concocting a medication in a less than sterile laboratory conditions or environment. The evolution of medicine, in my opinion, is the "gift of ingenuity" (that was bestowed upon the priest) extended the research scientists down though many generations. This gift of ingenuity helped to develop sophisticated techniques of breaking down different plant life and discovering remedies to cure diseases, relieve pain, design aluminum crutches and prosthetic arms and legs. The advancement of modern health care differs by global locations. There are still many nations that have a holistic approach to health care and there are some that have a mix of both holistic and modern medicine.

[20] Kelsey, *Healing and Christianity*, 75.

My personal experience, being born in the southern region of United States and having a genealogy of African and Native American heritage introduced me to “home remedies for whatever ailed me” at a very early age. I can recall being asthmatic as a child and living in New York. Every year, during the fall season, I would receive a special pillow from my great-great-grandmother who lived in South Carolina. My special pillow was made of a dried plant call “rabbit tobacco.” The dry silver leaves, small broken stems and flower heads were wrapped in linen cloth and sewn into the shape of a small pillow. I would breathe in the aroma of the dried flower pieces as I rested my face on the pillow whenever I had an asthma attack. The aroma for the dried “rabbit tobacco” plant would ease my restricted breathing and I would feel better after a couple of hours. I still use “rabbit tobacco” to make tea and honey anytime I am heavily congested because of a cold or the flu. One or two cups of rabbit tobacco tea and I feel the mucus dissipating in my chest and I can breathe better.

Many people from many cultures still rely on home remedies to cure whatever ache, pain or illness they may experience from time to time. Many people have fond memories of “grandma’s” or Mother’s chicken soup or (some type of soup) that made them feel better and helped them weather their way through a few days of the “common cold.”

There are other remedies or concoctions that I found, in my research, that are common or have similar use among many cultures, such as regular doses of fish oil or cod liver oil to help keep the body’s digestive tract operating smoothly. Honey and ginger tea was commonly used to settle upset stomachs. A tablespoon of apple cider or regular

vinegar used to relieve indigestion. The herb rosemary or the gel from an aloe plant was used on cuts and scrapes.

Another organic liquid that I often wonder about is the use of “spittle.” The organic fluid was used by Jesus, in more than one instance to make a dirt salve and place on a blind man’s eyes. After this application of a totally organic remedy the blind man was miraculously healed and about to see from his blindness. Whenever I read this particular story or the other accounts of “spittle” be used in the healing process, I think of my mother and the number of times that she used her “spittle” to help wipe something off of my face when I was little girl.

My mother and grandmother would not hesitate to use a finger wet with spittle to lightly clean up my sister’s and my faces if and when water or a restroom was not readily available. Because I experienced the good use of my mom’s spittle from time to time, I passed this knowledge along to my daughter who in turn will pass it on to her daughter. And just like my mom passed on the uses for “spittle,” I think that just maybe Jesus was taught by his mother the “uses of spittle” and Jesus used that knowledge to help others.

As time advanced and people became better educated, home remedies were replaced and pharmaceutical drugs became the treatment for sickness and diseases. With manufactured drugs and educated doctors, people began to rely on doctors for treatment of health issues. This caused the development of today’s health care system and health care insurance evolved into a necessity required by all people in all communities across the country.

The history of health care insurance or the movement for companies or businesses to provide health care to employees started as early as the 1850s and only offered

coverage against accidents related from travel by rail or steamboat.[21] The several companies and industries developed medical health care coverage plans for employees known today as "blue collar workers" (lumber jacks, coal miners and railroad workers) in 1870s and 1880s. The plans were designed to provide medical services from prepaid doctors in a clinic. The doctors were pre-paid though the employer's insurance company.

As the United State advanced industrial work, factories, organized labor and employers needed to keep workers working. As a result group health insurance was introduced. My research of the development of health care in the United States lead me research the typical conversations around health care from the 1930 up to the passage of the PPACA in 2010. The following is a brief timeline:

1. 1934 - 1939: Introduction of group health insurance as an employee benefit
2. 1940 - 1945: introduction of exempting the employer/employee premium from federal taxes. This set the stage for the development of the group health insurance market.
3. 1960 - 1965: Introduction of Medicare and Medicaid. The government passed laws to provide health insurance programs for the elderly and poor people.
4. The HMO (Health Maintenance Organization) Act of 1974. Managed care was introduced as the "savior" to address the rising health care costs in the country. [22]

There were many other inter-related events that occurred politically, economically and clinically, but the four health care resets listed above changed the way health care worked and created new challenges. Medicaid had gaps in coverage for adults because eligibility was restricted to specific categories of low-income individuals, such as

[21] Laura A. Scofea, "The Development and Growth of Employer-Provide Health Insurance," *Monthly Labor Review* 117, no. 3 (March 1994): 3-10, http://www.bls.gov/OPUB/MLR/1994/03/art1full.pdf (accessed April 9, 2015).

[22] Jerry W. Taylor, "A Brief History on the Road to Healthcare Reform: From Truman to Obama," *Becker's Hospital Review*, February 11, 2014, http://www.beckershospitalreview.com/news-analysis/a-brief-history-on-the-road-to-healthcare-reform-from-truman-to-obama.html (accessed April 9, 2015).

children, their parents, pregnant women, the elderly, or individuals with disabilities. In most states, adults without dependent children were ineligible for Medicaid, regardless of their income, and income limits for parents were very low—often below half the poverty level.

The March 2010 enactment of the Patient Protection and Affordable Care Act (PPACA) gave the country a wakeup call and required and overhauled the inner workings of the country's health care system and health care insurance companies. It provided millions of Americans access to a Health Insurance Marketplace that has a variety of quality, affordable plans that best meet their health care needs. The Affordable Care Act (ACA) puts consumers in charge of their health care. Under the law, the "Patient's Bill of Rights" provision of the PPACA gives the consumer the flexibility they need to make informed choices about their individual and family's health.

The PPACA succeeded because it was able to combine a liberal goal — health insurance coverage for everyone — and a conservative approach to insurance — personal responsibility for selecting a health plan of one's own choice. That allows the individual mandate requiring everyone to buy health insurance to go forward; the employer mandate, which affects small employees, would be included because the government would be providing tax relief for small employees in order to ease the financial burden. The PPACA also succeeded because, while the law does expand government programs, the legislation relies heavily on the private sector — that is the insurance companies — to provide health insurance coverage to more Americans.[23]

[23] Grace Budrys, *Our Unsystematic Healthcare System*, 3rd ed. (Lanham, MD: Rowman and Littlefield, 2012), 26.

Political scientists look at the actors influencing the government policy decisions. Sociologists look at the variations in behavior, health status and health outcomes using demographic characteristics; and they study the impact that particular health organizations and institutions have on the distribution of healthcare services. They have increasingly been focusing on determining the extent to which socioeconomic inequality contributes to the accessibility to health care and its effectiveness.[24]

Pastors and church leaders who have influence in the communities at the grassroots level should have access to non-political and unbiased information about the PPACA. They should be able to understand the different terminology that is used in describing the law. For instance, to say something is socialized means that the government not only runs whatever it is, but also owns all of the "capital" involved and employs all of the personnel. Translating that into healthcare delivery system terms means that the government has total control of all of the resources– it owns all of the buildings (e.g. hospitals, doctors offices, clinics); hires, fires, and pays all the personnel (doctors, nurses, technicians, aides); and, and administers all of it (since the budget, determines how many people to hire, services to provide, and where the offices should be located). This actually describes the National Health Service in the United Kingdom.[25]

A large number of people in this country do not understand how the healthcare system works and admit to being thoroughly confused about the changes in the healthcare system. The PPACA provides the following basic changes in health care services and health care insurance coverage.

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[24] Budrys, *Our Unsystematic Healthcare System*, 8.

[25] Ibid., 128.

Coverage

- Ends Pre-Existing Condition Exclusions for Children under age 19.
- Young Adults can be covered under their parent's health plan up to age 26.
- Insurers can no longer arbitrary withdraw/cancel Insurance Coverage if the patient makes a mistake.
- Patients are guaranteed the Right to Appeal the Insurer's denial of payment.
- Ends Lifetime Limits on Coverage.

Cost

- Insurance companies must justify any unreasonable premium rate increase**.**
- Consumers Premium Dollars must be spent on health care cost and administrative costs.
- Wellness and Preventive Care can be obtained with no cost (no copayment) to the patient.

Care

- You can select the primary care doctor of your choice from your insurance plan's network.
- Persons can seek emergency care at a hospital outside of their health plan's network.

To date over 1.3 million Americans have selected health care plans for Marketplace coverage, including people who have renewed their coverage and new customers.[26]

[26] Budrys, *Our Unsystematic Healthcare System,* 84.

CHAPTER 4
MY PEOPLE PERISH FOR THE LACK OF—KNOWLEDGE

Navigating the changes in the health care system and the benefits of the PPACA is a challenge for healthy people and an insurmountable challenge for the chronically ill and the elderly. As part of my research, I interviewed six persons who volunteered to share their experience with the PPACA in exchange for my assistance in helping them understand the changes in their particular health care insurance coverage and the new language of health care providers and health care services.

Ms. W. Parsons [27] is a retired 63-year-old female who is a diabetic and receives dialysis treatments weekly. Ms. Parsons worked 30 years for the Internal Revenue Service and retired with full health coverage under the Federal Government employee insurance coverage. Ms. Parsons shared that when she was an active employee she thought her benefits were very good. She indicated that she had been under the care of her primary care doctor for more than 15 years. Ms. Parsons shared that she only visited the doctor when she was ill. At the age "40-something" Ms. Parsons indicated that she developed hypertension and diabetes. Ms. Parsons indicated that she did not feel that her condition was too serious because she maintained a good weight and did not overeat. Ms. Parsons acknowledged that she smoked a pack of cigarettes a day and consumed alcohol

[27] All volunteers' names have been changed.

(beer and or wine) regularly. She indicated that she felt that as long as she maintained her weight, took her medications and visited the doctor she could manage her conditions.

At the onset of Ms. Parsons' conditions her health care insurance covered all of her medications and doctor visits. She shared that she paid her bi-weekly employee contribution toward her health insurance and the doctor's visit co-pays and was completely satisfied with the cost and services provided. When her diabetes worsened and she required more intense medications that she had to self-administer, she stated that she was still satisfied with her health care, the cost and doctors. She also stated that she modified her diet to help control her diabetes.

Ms. Parsons retired at age 60, just as the PPACA was enacted. She shared that her health care coverage was shifted by her employer's retiree health care plan. Ms. Parsons' explained that the retiree health benefits under the Federal Government sponsored plan (a health care insurance company that is contracted to provide health care coverage to government employees, i.e. the Government Health Insurance/GHI or the UnitedHealth Care Insurance/UHC Company) were basically the same as the active employee health care plans. She shared that as result of the changes in the law, active government employees were the first to experience changes and were required to review their health plan and make changes if they desired to do so. Ms. Parsons stated that she selected a retiree health plan that she felt was affordable and one that would allow her to continue service under her current doctors.

Ms. Parsons shared that initially she did not experience any drastic changes in her health care services or significant changes in the cost of her services. Ms. Parsons stated that she did however, experience a change in the amount of printed information she

received from her insurance company that detailed each procedure she underwent during her visits to the doctor. I asked Ms. Parsons if she had received this type of information prior to the PPACA and she responded that she "may have but never paid too much attention to it because the procedures were always covered under her insurance."

A year and a half later, after Ms. Parsons retired her condition worsened to point of her needing weekly dialysis. She shared that she still maintained her government sponsored retiree health plan and that the premium cost for the plan had increased. She still considered the premium cost for her plan to be reasonable based on information her friends shared with her about their premium cost increases. I asked if her friends were retirees and if they were under government insurance coverage. None of her friends were under government employee retirement coverage.

These were important questions, to ensure that Ms. Parsons statements about her information and cost comparisons with other plans because insurance coverage can include or exclude services (i.e. dental, vision or drugs). Government provided health care insurance benefits are usually priced differently than private sector benefits depending on the plan participants, the covered services and the region.

Ms. Parsons stated that she experienced significant changes in the amount of out-of-pocket expenses for her weekly dialysis treatments. Ms. Parsons explained that she is required to pay a higher co-pay for dialysis at an out-patient facility than she paid at the hospital provided facility. Ms. Parsons indicated that she received an Explanation of Benefits (EOB Statement) that explained in detail the amount billed for the procedure; plan discounts negotiated with the provider (doctor); the amount the plan paid and the

total amount the patient owes the provider (s). When we reviewed her EOB, there was an amount that she owed to the provider (doctor) that was not covered under her plan.

I asked Ms. Parsons if the dialysis facility that she was currently using was in the same network as her doctor. I explained that she should discuss the matter with her doctor and the facility administration to determine if she was an in-network patient or an out-of-network patient. This is important information to know when being referred for treatments outside of your doctor's office. Treatments outside of the insurance covered network will result in an out of pocket expense to the patient.

Ms. Parsons followed up on my recommendation and found out that the treatment facility that she chose for travel convenience was out-of-network. Ms. Parsons indicated that she was comfortable with the facility and for now would continue to use them and pay the amount charged. Ms. Parsons explained that she felt that the changes in the health care services under the new law may not be as beneficial to her because it costs her more in this one out-of-pocket expense then it did prior to the law being in enacted.

I explained that with the enactment of the law the entire health care service industry, doctors, hospitals, emergency room units, outpatient/ambulatory facilities, pharmaceutical/drug manufacturers, drug stores were undergoing changes that had to conform to the requirements of the provision of the law as well as transforming themselves into entities that would provide better services and products. I further explained to Ms. Parsons that she should review other health care insurance options when the annual enrollment period for the ACA opened. I suggested that she may find that her current doctor and the dialysis center she currently use may both be covered under another health plan and the premium cost could be less.

Ms. Parsons was not aware that doctors usually have several contracts with different health care insurance companies, nor was she aware the difference between in-network and out-of-network services. She did not fully understand that she had options. She was still under the impression that because of her pre-existing conditions and being a retiree she would not be eligible for another health plan. I explained that under the PPACA, she would be eligible for health care coverage regardless of any of her medical conditions.

At the conclusion of the interview, Ms. Parsons decided that she would investigate other health insurance plans and perhaps make a change. There are many people like Ms. Parsons, who have some knowledge about ACA but would welcome more information that would assist them in making better choices.

Interview Subjects #2 and #3

Mrs. E. Parsons is an octogenarian (88-year-old) female who takes care of her octogenarian (82-year-old) brother Mr. W. Gerard and assists with the care of her 63 year old daughter, Ms. W. Parsons (the subject of the previous interview). The family lives in a residential area (within the Village of Hempstead) where the houses are owned by middle to upper-middle class families. The family has lived in that are area for 40 plus years. Mrs. Parsons is a retired hospital worker, with health care coverage provided through her former hospital union's health care insurance and Medicare. Mrs. Parsons' health care benefits, because she is over the age of sixty-five (65) is primarily covered by Medicare, and her union's health plan is considered a supplemental coverage plan.

Mrs. E. Parsons is on maintenance medication for hypertension, high cholesterol, rheumatoid arthritis, and a heart condition. Mrs. E. Parsons is managing her blood pressure condition and sometimes complains about arthritis in the cold weather. She

wears a hearing aid and she sometimes uses a cane when walking long distances. Considering her age and responsibilities Mrs. E. Parsons is a healthy and active woman. She visits her doctors regularly, she takes her brother to his appointments and she maintains both their medication schedules.

Mr. Gerard has the same health issues including being mentally challenged. Mr. Gerard was born with a brain condition that limited his intellectual maturity. He can perform basic life functions (bathing, dressing and feeding himself) and he has some name and face recognition but he cannot be left alone. As result, Mr. Gerard has been taken care by his family his entire life. Mrs. Parsons, having nursing experience and the living space to accommodate her brother's needs has been his home care provider for more than 60 years. Mr. Gerard also takes maintenance medications for cholesterol, hypertension, an anti-depressant, rheumatoid arthritis and he has a shunt in the event of an emergency. His health care is completely covered by Social Security Disability insurance.

Mrs. E. Parsons did not have any complaints about her health care insurance or the doctors that cared for her and Mr. Gerard. Mrs. E. Parsons did comment about the large amounts of information she received regarding the claims payments for her and her brother after a visit to the doctor. She was familiar the EOB statements and knew how to challenge a charge that should have been covered under her plans. She explained that she submitted a claim for a hearing aid battery and the claim was rejected by Medicare. Her next course of action was to have the doctor submit the claim to through her union's insurance. Mrs. E. Parson was almost sure that the claim would be paid. Her assurance came from her doctor, whom had been her doctor for over 25 years.

Mrs. E. Parsons's doctor was very familiar with the ACA changes and informed her of some of the changes that could have impacted his services to her and her brother care. But because of the longtime relationship her doctor informed that he would continue to provide the same level of services.

During the interview, Mrs. E. Parson acknowledged that she too was not aware that an individual could change doctors with a pre-existing condition. I informed her of the same information I shared with her daughter and she indicated that she would pass it along to others in her family. The most interesting as well as confirming responses to the information I shared about the PPACA was that neither Mrs. E. Parsons or her daughter Ms. W. Parsons fully understood the broad coverage available under the ACA nor did they understand the their community was in a position to receive funding to help others attain health care coverage.

Interview Subjects #4 and #5

Mr. and Mrs. Cornell are both retired and over the age of 65. Mr. Cornell has had re-occurring cancer issues for more than 10 years. His is on Medicare and does not have any other supplemental health insurance. Mr. Cornell indicated that he has had to have several treatments with medications that were not covered by Medicare and therefore he was faced with having to make withdrawals from his retirement savings or ask his children to purchase the medication. Mr. Cornell recalled that the cost for one "Magic Chemo Pill" (Mr. Cornell's quote) was $1,500.00, which he paid for from his retirement savings.

Mr. Cornell also has several maintenance medications for pain management, hypertension and high cholesterol. Mr. Cornell maintains a schedule of regular doctor

appointments, and he was careful to point out to me that at every visit he was required to pay a co-pay.

Mrs. Cornell shared that she has rheumatoid arthritis that sometimes is so severe that she is unable to walk long distances. She also explained that she has a degenerative eye disease that causes poor night vision and as result she can only drive during the daytime. Mrs. Cornell also takes maintenance medications for hypertension and pain management. She continues to do the shopping for groceries, cooking, and cleaning the house. I informed Mrs. Cornell that in light of both her husband's and her health conditions they maybe be eligible a home health care aide assistance that would relieve her of her household duties. Ms. Cornell shared that she had not considered an aide because she thought that person needed to be on Medicaid to receive a health aide or an attendant. She was also under the impression that if a person could afford supplemental health care insurance they were ineligible for any kind of assistance.

Interview Subject #6

Ms. M. Astor is a 28-year-old young woman who is licensed barber and hair consultant. She shares a working space in a local barber shop with two other barbers. She shared that she has a steady customer base of men and women. Ms. Astor does not have health care insurance. She shared that she did not know very much about the ACA. Ms. Astor shared that she is a healthy person and only visits the doctor when she is not well. I informed Ms. Astor that she should be more attentive to her health and that she needs to purchase a healthcare plan that would provide her basic healthcare coverage.

I informed her that the ACA required that everyone have coverage and that the Internal Revenue Service would be able to identify any taxpayer that did not comply with the law. Ms. Astor asked how the IRS would get this information. I asked her if she had

filed her income taxes for 2014. I asked if she recalled the question, "Do you have health care insurance?" Ms. Astor shared that she did recall the question and that she responded "No" to the question. I informed her that the IRS now had her statement, a record that she indicated that she did not have health insurance and she may be subject a fine that could be taken out of any monies due her from her federal tax return.

The individual mandate is one of the most controversial parts of the health care reform law. The law requires every individual in the country, with some very clearly outlined exceptions, to have health insurance as of 2014. Those who do not obtain coverage will have to pay an annual fine. The amount of the fine will be phased in: $95 or 1% of taxable income in 2014; $325 in 2015 or 2% of taxable income; $695 per person for 2.5% of taxable income up to a maximum of $2085 per family income as of 2016. After 2016, the fine will increase annually by the cost of living. Exceptions are allowed for a limited number of reasons, including financial hardship, religious objection, those without coverage for less than three months, incarcerated persons, undocumented immigrants, and American Indians. An exception will also be made for those whose incomes fall below the tax filing threshold and those who are unable to find a plan that costs less than 8% of the person's income. The individuals whose income falls below 133% of the federal holiday level will be eligible for Medicaid coverage as of 2014.[28]

Ms. Astor was surprised that this type information was not published everywhere so that people would know that they would be subject to a fine. Ms. Astor asked where she could find out more about the law and health care insurance plan. She stated that she

[28] Henry J. Kaiser Family Foundation, "How Will the Uninsured in New York Fare Under the Affordable Care Act?" January 6, 2014, http://kff.org/health-reform/fact-sheet/state-profiles-uninsured-under-aca-new-york (accessed April 9, 2015).

was concerned that several of her customers did not know about the ACA benefits or the penalties. Ms. Astor acknowledge that some of her neighbors as well as her some of her customers were underemployed or on Medicaid. Ms. Astor offered to be on the Site Team and to help build the HWISM website. She stated her motivation was to help get information to her customers because “they needed to know” (Ms. Astor’s quote)

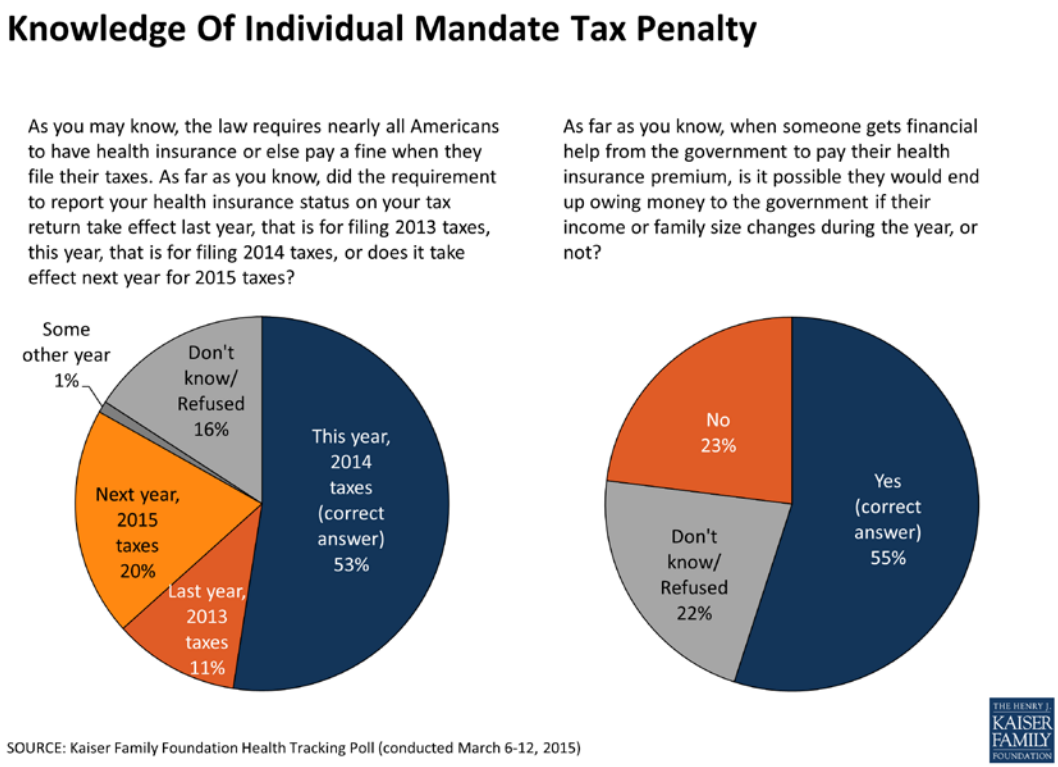

Figure 3: Knowledge of the Individual Mandate and Tax Penalty

About 1 in 5 (18 percent) say they have already filed their taxes on their own, and another 26 percent say they have filed their taxes with a professional tax preparer. Three-quarters of those who report filing their taxes themselves (76 percent) say that they saw a place to indicate whether they had health insurance, while 24 percent say they didn’t see such a place (14 percent) or are unsure (10 percent). For the nearly half of Americans who report already filing their taxes on their own or with a tax preparer, 8 in 10 (79

percent) say they indicated that they had health insurance in 2014 while 10 percent say they had to pay a fine (or 5 percent overall), 4 percent say they were exempt and 7 percent say they didn't know what they reported on their tax return.[29]

Interview Subject #7

Mrs. Flori is a 45-year-old single parent with a 19 year old daughter in college. Mrs. Flori is a government employee and has family healthcare coverage for both her and her daughter. Mrs. Flori shared that as a government employee she and her colleagues were required to make the changes under the new ACA and were given three different plans to select from. She stated that each plan was priced differently and that she was determined to find a plan that was within her budget and one that provided the level of full-care services (medical, hospital, dental, vision and drugs) she needed for her and her daughter.

Mrs. Flori explained that she decided to research several health plans and do her own comparison shopping, the "same as she would do as if she were purchasing a car" (Mrs. Flori's statement). She indicated she was successful in finding a health insurance plan with full medical coverage for her and her daughter. Her insurance coverage also extended beyond the New York State area, which allowed her daughter to be covered while away at school in another state.

Mrs. Flori was very relieved that she would be will be keep her daughter on her health plan until she turned age 26 as result of the ACA. Mrs. Flori also expressed her relief that she and her daughter will be able to receive a wider range of health care

[29] Bianca DiJulio, Jamie Firth, and Mollyann Brodie, "Kaiser Health Tracking Poll: March 2015," March 19, 2015, kff.org/health-reform/poll-finding/kaiser-health-tracking-poll-march-2015 (accessed April 9, 2015).

services for women's issues that were not covered before under healthcare prior to the ACA.

Ms. Flori reported that she takes advantage of a Flexible Spending Account (FSA) Program that allows her to deduct from her paycheck up to $2,500.00 pre-tax annually to cover the medical expenses that are not covered under her health plan.

Mrs. Flori shared that she able to maintain her same level of prior coverage and that neither she nor her daughter had to change doctors. She also acknowledged most people are not prepared to do the type of research that she did nor do they have the resources. Mrs. Flori expressed her relief that HWISM would be providing information to people in the churches and the community. She explained that many people do not understand or realize that while the ACA is a very good law for all, it also has a penalty for anyone who does not sign up for coverage that would go into effect in 2015.

The situations, reactions, health concerns and interest expressed by all of the subjects proved to me that there was a serious need for a ministry that will provide up-to-date information about the ACA and health care resources. The issue raised by Ms. Astor of people being underemployed or on Medicaid needing services are actually critical health care issues and concerns address by the ACA.

Prior to the passage of the ACA, Medicaid had gaps in coverage for adults because eligibility was restricted to specific categories of low-income individuals, such as children, their parents, pregnant women, the elderly, or individuals with disabilities. In most states, adults without dependent children were ineligible for Medicaid, regardless of their income, and income limits for parents were very low—often below half the poverty level. However, some states, including New York, have already expanded coverage to

parents at higher income levels or provided coverage to adults without children. The ACA aimed to fill in gaps in coverage by extending Medicaid to nearly all non-elderly adults with incomes at or below 138% of poverty (about $32,500 for a family of four in 2013).

As of January 2014, Medicaid eligibility in New York covers almost all non-elderly adults up to 138% of poverty, as shown by the dark blue shading in Figure 4. All states previously expanded eligibility for children to higher levels than adults through Medicaid and the Children's Health Insurance Program (CHIP), and in New York, children with family incomes up to 405% of poverty (about $95,400 for a family of four) are eligible for Medicaid or CHIP. As was the case before the ACA, undocumented immigrants remain ineligible to enroll in Medicaid, and recent lawfully residing immigrants are subject to certain Medicaid eligibility restrictions.[30]

[30] Henry J. Kaiser Family Foundation, "How Will the Uninsured in New York Fare Under the Affordable Care Act?"

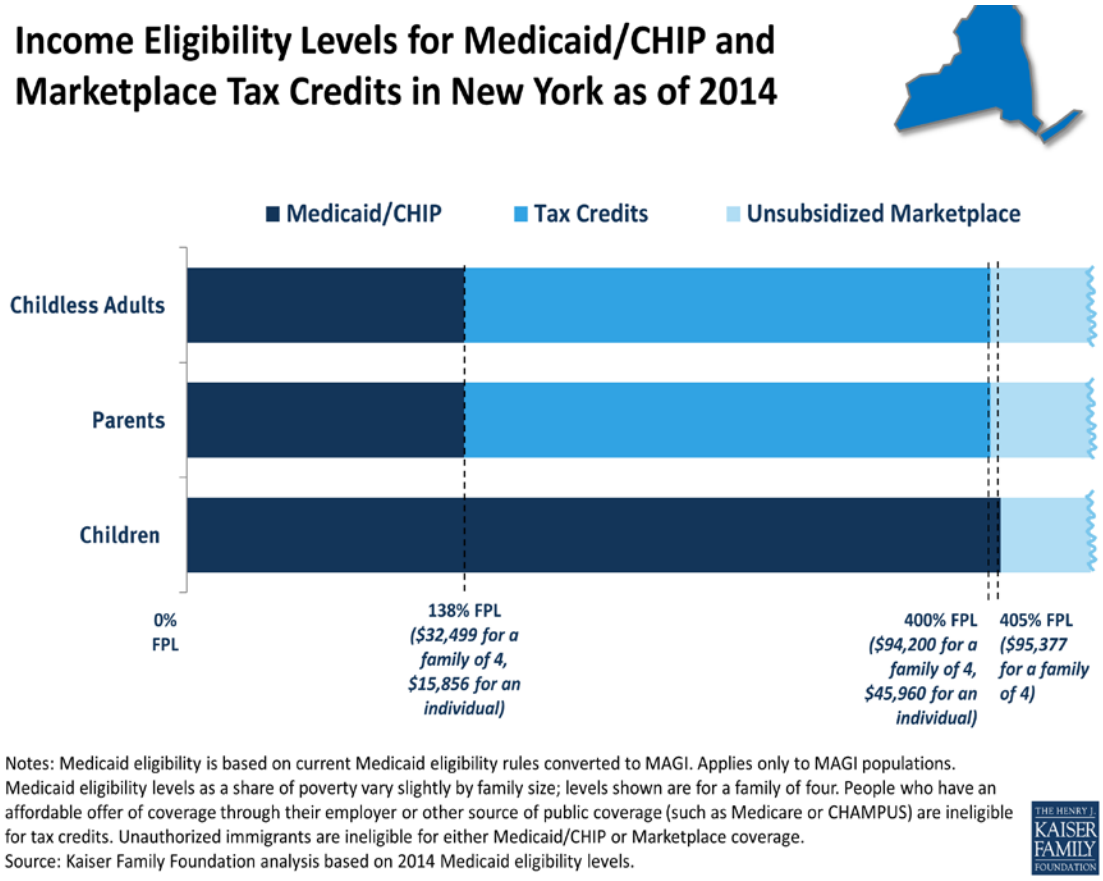

Figure 4: Medicaid/CHIP Eligibility and Marketplace Tax Credits

CHAPTER 5
MY PEOPLE PERISH FOR THE LACK OF—INFORMATION

The Kaiser Family Foundation has the most up to-date information about ACA and citizens' reaction to its evolution, conducted a national survey in April 2013. The survey was designed to get an understanding about how persons obtained their information about the new Affordable Care Act and their reactions to the new law. The survey gave three sources of information for the survey participates to choose from family or friends, print news media, including online new services, and cable television or radio news.

The survey revealed that about one in ten Americans report getting any information from a health insurance company, their doctor, an employer, or a non-profit, and few named any of these as their most important source of information. About the same share (9 percent) report having gotten information from "federal agencies such as the Department of Health and Human Services," with little difference across demographic groups. Eight percent say they have gotten some ACA information from "state agencies such as your state Medicaid office or health department," a share which doubles among African Americans (17 percent). The poll provides a rough baseline before more intensive public information and consumer assistance begins.[31]

[31] Henry J. Kaiser Family Foundation, "How Will the Uninsured in New York Fare Under the Affordable Care Act?"

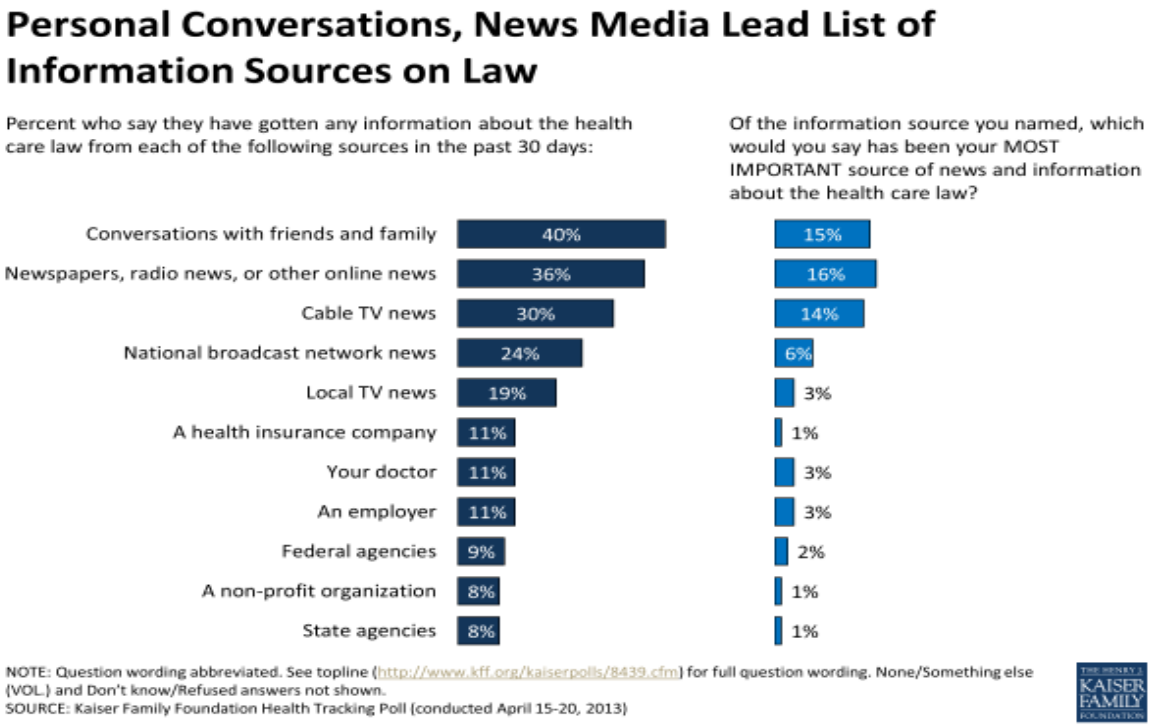

Figure 5: Information Sources on ACA

This slide is part of a larger presentation of the survey results and shows that uninsured Americans and those with lower incomes are less likely to report having gotten information about the ACA across a wide variety of sources. It shows that 30 percent of those with lower incomes say they have learned something about the ACA from newspapers, radio, or online sources, compared to 48 percent of those with incomes upward of $90,000. Similar gaps are seen between the insured and the uninsured: 46 percent of the insured have chatted with family members or friends about the law, compared to 32 percent of the uninsured.[32]

Despite the fact that the uninsured and lower income are less likely to have learned about the ACA from friends or the news media when compared to higher income,

[32] Henry J. Kaiser Family Foundation, "Kaiser Health Tracking Poll: April 2013."

insured Americans, personal conversations along with the news media still remain the most commonly reported sources of information among these groups.

Media has the responsibility to provide accurate information; however, the information could be biased. The news media's reports about the PPACA have many different slants, which can confuse people and complicate the reaction and outcome of the new program. The new component of Oliveyard Ministries, Inc., the Health and Wellness Information Ministry's HWISM will be designed to provide that clarity. The (HWISM) will be designed to help people work through their options without biased commentary. The plan is to provide "just the factual information."

The scriptural foundation for HWISM will be centered around 3 John 1:2 "Dear friend, I pray that you may enjoy good health and that all may go well with you, even as your soul is getting along well," as well as Hosea 4:6.

My church's financial support of the new ministry's development will be very limited. However, when I presented the need for a ministry that would inform and assist people in our community with obtaining health care insurance, my church leaders reminded me of our Church's motto "A Church Walking by Faith Fulfilling Our Calling" and agreed to help develop the new ministry with in-kind support. The Health and Wellness Information Ministry (HWISM) component will be the first of many ministry components that will be linked together under the umbrella of *Oliveyard Ministries, Inc.*

The Ministry's focus will also be to inform the pastors and their congregations in the Village of Hempstead about basic health care reform information, and health care insurance enrollment assistance as required under the new national Affordable Care Act. My experience with church leaders and not-for-profit agencies taught me that every

church, organization and community is uniquely different and any outreach program must be tailored to those unique differences to draw participants. The website will list enrollment dates and outreach meetings within the local churches along with contact information of designated representatives from each participating church.

The Oliveyard Ministries, Inc. website will list resources and materials necessary for churches to host open enrollment seminars and provide updates on the health care insurance coverage and other pertinent information regarding health care services in the community. My church committed to supporting the new Health and Wellness Information Ministry as part of the overall church's ministry mission is drawn from the African Methodist Episcopal Denomination's Salutation:

> The Mission of the African Methodist Episcopal Church (AMEC) is to minister to the social, spiritual, and physical development of all people. Its ultimate purposes are: (1) make available God's biblical principles, (2) spread Christ's liberating gospel, and (3) provide continuing programs which will enhance the entire social development of all people.[33]

The Salutation is a declaration to organize and assist in bringing about change for all people in the community and for their greater good.

The website will share health care and wellness information services available in the community. The website will share updates or changes to the Affordable Care Act and the health care plan options available under the new law; a list of health care insurance carriers within Nassau County; and resource links – open enrollment dates, locations of the nearest Urgent Care Centers, pharmacies and health care insurance companies available in Hempstead, etc. HWISM will provide "just the informative facts."

[33] African Methodist Episcopal Church, *The Book of Discipline of the African Methodist Episcopal Church* (Nashville: AMEC Sunday School Union, 2009), 16.

It is very important that the users of the website have access to as much information as possible and in simple language. It also very important the person using the website becomes familiar with the language used to describe health care services and insurance plans. For instance, the "comparison shopping" referred to by Subject #7 was her comparison of services offer by the selection of plans that were offered to government employees. She was made aware that the health benefit exchange health insurance plans fell into one of four benefit categories that specified responsibility for out of pocket cost plus one catastrophic category. The categories are

Bronze plan–provides insurance coverage; those who purchased this plan will be responsible for paying for 40% of out-of-other pocket costs.

Silver plan–provides insurance coverage with 30% out-of-pocket costs.

Gold plan– provides insurance coverage and enrollees will have to pay 20% of out-of-pocket costs.

Platinum plan–with this coverage enrollees will pay 10% out-of-pocket.

Catastrophic plan - provides to persons 30 years and under, 3 primary care visits are covered; all else is patient's out-of-pocket expense.

People accessing HWISM through the Oliveyard Ministries, Inc. website will be provided with a glossary of health care terms and related words that will help them navigate through the maze of the health care-related services, as well as continue to help people understand the difference between the services provided within the evolving healthcare system that they access on a regular basis.

Pastors and church leaders can use the information provided on the website to inform their congregations. Individuals can access the information to inform themselves, family and friends about the services in the Hempstead area. They can be informed as to how and what questions they can ask about their members without violating any privacy

laws. In addition, when read closely this new era of health care insurance has many details that can be shared in connection with the many healing scriptures.

Many of the healing scriptures have only been preached from the perspective of just having faith; but in the 21st Century where faith and the divine intervention are not as prevalent, affordable healthcare can be a solution to a health problem. The one thing that the church leaders must to do is inform their congregations about the value of regular doctor visits, activities that help persons stay healthy and the proper use of medication.

Benjamin Franklin's axiom, "an ounce of prevent is worth a pound of cure" as it is applied to a person or family's health care be should be shared in Bible Studies and sermons. Pastors and leaders have the greatest access to people and people are likely to share with them their personal health situations; having this knowledge can be invaluable for the church leadership so that they can lead and direct people to take better care of themselves. Further, encouraging people to take better care by annual doctor visits help with early detection of diseases can eliminate more serious illnesses and save the individuals from stress.

Oliveyard Ministries' web page will have a link that will allow real time chats, prayer, up to date information, church-based outreach events will be coordinated through a representative from Oliveyard Ministries and may be available to attend local meetings and events. The website will be monitored and reviewed periodically to determine effectiveness of being a "One Stop Shopping Website." The goal is to link to the local non-profit associations, community groups and others that have been educating and enrolling individuals in health plans to ensure that the community is fully covered for 2016 and help visitors to the website find what they are looking for and more.

The website will have direct links to other sites that provide addition health care information, such as enrollment information. Specifically, the Partnership Center developed by the Centers for Medicare and Medicaid Services (CMS.gov/Health Insurance Marketplace) shares an 80 page presentation (including speaker notes) that completely outlines the PPACA and the 2015 open enrollment process. The presentation is easy to access by anyone that was interested in assisting people that needed to sign up for insurance.

The Oliveyard Ministries website will list other websites with similar information under the tab on the page entitled “Priority Websites.” Listed in this area will also be links to websites offering resources for pastors, ministers, and church leaders for building sermons and Bible studies are around the “healing” Scriptures in the Bible as well as topics or articles from other areas such a medical journals and health care professional journals that could be incorporated to build interest.

Pastors and ministers have preached for years about the “healing” stories in the Bible. The challenge as stated earlier is to bring the characters and their illness to life and connect the illnesses that we read about, talk about, and are sometime afflicted with. To help pastors and minsters with finding this type of information and resources Oliveyard Ministries, HWISM will research medical articles and post online commentaries as well as links to websites with information that will help to broaden their knowledge of diagnoses for the symptoms and signs that appear to have afflicted numerous individuals in the Bible.

The National Library of Medicine/National Institutes of Health www.ncbi.nlm.nih.gov/pmc/articles has hundreds of useful free articles that provide new

insights and information to help make preaching about the health care concerns more interesting, as well more meaningful. As an example, Dr. Stephen K. Matthew and Jeyaraj D. Pandian wrote an article entitled "Newer Insights to the Neurological Diseases among Biblical Characters of Old Testament." Being neurological specialists, they wrote"

> We review the biblical characters in the Old Testament and offer newer insights to their neurological diseases. We first look at the battle between Goliath and David. Interestingly, Goliath probably suffered from acromegaly. We propose autism as a diagnosis for Samson which would precede the first known case of autism by centuries. Isaac was a diabetic, and he probably had autonomic neuropathy. Few verses from the books of I Samuel, Psalms, and Ezekiel reveal symptoms suggestive of stroke. Jacob suffered from sciatica, and the child of the Shunammite woman in II Kings had a subarachnoid hemorrhage. These instances among others found in the Old Testament of the Bible offer newer insights on the history of current neurological diseases." [34]

This type of information would be especially helpful in developing conversations about the illnesses that people are aware of but never saw or made the connection to the people in the Bible that may have suffered the same symptoms. Another article from the National Library of Medicine/National Institutes of Health/Medical Archaeology, written by Vladimir M. Berbine, "Neurological Aspects of the David and Goliath Battle: Restriction in the Giant's Visual Field" gives very interesting medical insights into the face-off between David and Goliath. Dr. Berbine examines the physical size, height and weight of both David and Goliath. He points out that Goliath, being a large man encased in battle armor and a face guard helmet, could not move quickly and his vision was obstructed. David, being smaller in stature with no battle uniform had the advantage by

[34] Stephen K. Matthew and Jeyaraj D. Pandian, "Newer Insights to the Neurological Diseases among Biblical Characters of Old Testament," *Annals of Academy of Indian Neurology* 13, no. 3 (July-Sept 2010): 164-166, http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2981751/#sec1-1title (accessed April 9, 2015).

quickly running towards Goliath at an angle of view that would have been obstructed by Goliath's helmet. Dr. Berbine also concluded from "ballistics and computational methods" that the stone David flung at Goliath at a rapid speed sunk into Goliath's forehead killed him.[35]

This type of critique and different perspective gives the preacher and the congregation new information to consider – the physical health, the agility one has as a young man, how old was Goliath even though he was fit for battle, the impact that height and weight have one's ability move quickly even without heavy battle gear, how healthy was Goliath's vision, etc. This type of resource is accessible to Oliveyard Ministries, Inc. by a link the National Library of Medicine/National Institutes of Health for Pastors and church leaders.

[35] Vladimir M. Berginer, "Neurological Aspects of the David-Goliath Battle: Restrictions in the Giant's Visual Field," *Israel Medical Association Journal* 2, no. 9 (September 2000): 725–7.

CHAPTER 6
STUDY TO SHOW THYSELF APPROVED—COMPETENCIES

My theological research focused on mental illness, physical illness and healing in a biblical, multi-cultural society during both the Old and New Testament periods. I was especially intrigued by John J. Pilch's book, *Healing in the New Testament: Insights from Medical and Mediterranean Anthropology.* Mr. Pilch, in his book, applies the basic health care system to each of the synoptic gospels in order to discern the specific contours of each gospel. This model is based on cross-cultural research and focuses on the folk, popular, and professional sectors of the system.[36]

Such a model allowed me to appreciate my own experience and understanding of the current healthcare system and the changes that would be taking place as result of the ACA. My theological knowledge as broadened and my approach had a more focused understanding and comparison of modern-day physical or medical diagnoses of the individuals who were recipients of the healing miracles in biblical times.

My preaching was greatly impacted by Mr. Pilch's work and as well as Morton Kelsey and Frederick J. Gaiser's writings. [37] These authors inspired me to dig deeper into the cultural, social and topographical information of the communities in which the healing events took place. My usual exegetical process looked more into spiritual,

[36] John J. Pilch, *Healing in the New Testament: Insights from Medical and Mediterranean Anthropology* (Minneapolis: Augsburg Fortress Press, 2000), xxi.

[37] Morton T. Kelsey, *Healing and Christianity: A Classic Sturdy*, 3rd ed. (Minneapolis: Augsburg, 1995); Frederick J. Gaiser, *Healing in the Bible: Theological Insight for Christian Ministry* (Grand Rapids, MI: Baker Academic, 2010).

political, physical or psychological/emotional state of the person or persons being healed. I was able to translate several of the examples I read about into modern-day experiences which my congregation could readily identify with and prepare themselves to take advantage of the ACA benefits. (See Chapter 7 — Sermon Illustrations.) I have good organization of thoughts and biblically-based interpretation, strong delivery, that I believe challenges my congregation to grow spiritually. My congregation has confirmed that my preaching is spirit-centered; my delivery is effective and addresses contemporary issues with very thoughtful Christ-centered materials.

I identified the PROPHETIC AGENT as one of the areas I wanted to develop mainly to get to know the community and its needs better. I thought that it would be a good opportunity to join the local Clergy Coalition and share information about the Affordable Care Act and the importance of health care insurance. I learned a first-hand lesson of Robert Burn's saying that "the best laid plans of mice and men often go awry." I learned that a majority of the pastors in my immediate area were bi-vocational — meaning that they had secular jobs (like me) and had very little time to spare for meetings. Many of the community pastors maintain rigorous schedules caring for their congregations and other ministerial duties.

I managed to convene two meetings to share information about the ACA and the changes in the healthcare insurance industry. I realized that face-to-face meetings were not going to reach the community in a timely manner and that many would not have the information they needed to make informed decisions during the health care open enrollment period.

I decided to focus all of my effort on using technology to provide the information and the resources that I intended to share regarding the Affordable Care Act, its benefits and its penalties. The change in my approach fell in line with my desire to enhance my TECHNOLOGY/SOCIAL MEDIA skills and develop a health and wellness technological/media-enhanced ministry. The Oliveyard Ministries, Inc. was my challenge to design a user-friendly interactive website to include Twitter, Facebook and Blog communications. It is designed to share sermon and Bible study series on healing written by any pastor or church leader. All materials will be screened before being shared through the website and to maintain the integrity and mission of OYMINC. The OYMINC web site will be available to everyone that has a smart phone, tablet, iPad or computer, advancing the technology and social media skills of the entire congregation to improve the church's operational efficiency and broaden the ministry's outreach. (Visit www.OYMIN.org that provides the basic ACA and other related information).

CHAPTER 7
SERMON ILLUSTRATIONS AND SERMONS

Jesus Heals A Blind Beggar Named Bartimaeus. Or "I Need To Say Something So That I Can See Something" (Mark 10:46-52).

> Then they reached Jericho, and as Jesus and his disciples left town, a large crowd followed him. A blind beggar named Bartimaeus (son of Timaeus) was sitting beside the road. When Bartimaeus heard that Jesus of Nazareth was nearby, he began to shout, "Jesus, Son of David, have mercy on me!" "Be quiet!" many of the people yelled at him. But he only shouted louder, "Son of David, have mercy on me!" When Jesus heard him, he stopped and said, "Tell him to come here." So they called the blind man. "Cheer up," they said. "Come on, he's calling you!" Bartimaeus threw aside his coat, jumped up, and came to Jesus. "What do you want me to do for you?" Jesus asked. "My rabbi," the blind man said, "I want to see!" And Jesus said to him, "Go, for your faith has healed you." Instantly the man could see, and he followed Jesus down the road.

Health and Wellness Sermon Illustration

Most people who ride the subways in New York are aware that the city is always on alert for an attack of any kind and as a reminder there are signs that say, "If you see something, say something." The message is intended to keep the persons alert for unattended bags or package, persons acting suspiciously, an elder or child that maybe in distress – if we see something out of the ordinary we are supposed to say something. Granted, while individual perception of what is or is not ordinary in New York City can be challenging, the underlining message is asking you to pay attention to your surroundings. This same message should be applied to our bodies, when you "see something or feel something out of the ordinary going on with your body say something." Ask the question, is there anyone here in the service today that has something going on

with your physical health that you are overlooking or ignoring? The man in our text today was at a place where he knew he was blind and had a problem and he wanted his problem to be dealt with immediately. He could not ignore it any longer, particularly since Jesus, the one man, whom he had heard could heal his problem. Bartimaeus had to suffer in silence about the pain and frustration of being blind and dependent on others until now. How many people suffer in silence because they believe they cannot afford health care insurance? As of 2010, affordable health care is available and you no longer need to suffer, you can get affordable health care insurance and the health care services you need. Bartimaeus cried out "Son of David, have mercy on me!" when he thought help was near. And when the people tried to silence him he shouted louder "Son of David, have mercy on me!" I think that Bartimaeus was saying to everyone with sight – "I need to say something so that I can see something." In other word I am tired of being ignored, I am tired of being overlooked because of my disability. I am tired of being voiceless, I need to see some things and voice my opinion. Bartimaeus cries out until he gets his voice, Jesus responds to him and heals his blindness.

Jesus Heals a Crippled Woman on the Sabbath – "Help Me, Before I Fall And Can't Get Up" (Luke 13:10-17 NIV).

> On a Sabbath Jesus was teaching in one of the synagogues, and a woman was there who had been crippled by a spirit for eighteen years. She was bent over and could not straighten up at all. When Jesus saw her, he called her forward and said to her, "Woman, you are set free from your infirmity." Then he put his hands on her, and immediately she straightened up and praised God.

Health and Wellness Sermon Illustration

The Bible does not give any indication of the age of this crippled woman that Jesus encounters in the synagogue. We read that she is bent over and cannot straighten up, this means that this woman has not had eye to eye contact with anyone for eighteen years. People having this type condition maybe diagnosis with kyphosis, which is defined or know as a round back or hunchback. This condition can be caused by a calcium deficiency, bone loss or an injury. We do not know how she came to be in this situation. We do know that she did not have access to the CVS, Walgreens or Rite Aid Drug stores that have shelves of different brands of calcium in liquid, tablet or chewable forms. We also know that she did not have access to bone density screening though her primary physician's office. Nevertheless, her story is before us today to remind us that you can find hope and healing in Church. To that point, you should take some time this week to check out the Oliveyard Ministries, Inc. website which has information to assist you in finding resources and information about your health and wellness concerns. The woman in the story has an encounter that is both physical and life transforming, she meets Jesus and is able to stand up straight and look at him eye to eye. Can you remember when you first encountered with Jesus? What was going on in your life? What was weighing you down? The upper back, or thoracic region of the spine, is supposed to have a slight natural curve.

Jesus Heals Ten Men With Leprosy – "I Know My Condition And I Need Help" (Luke 17:11-19 NIV).

> Now on his way to Jerusalem Jesus traveled along the border between Samaria and Galilee. As he was going into a village, ten men who had leprosy met him. They stood at a distance and called out in a loud voice, "Jesus, Master, have pity on us!" When he saw them, he said, "Go, show yourselves to the priests." And as they went, they were cleansed. One of them, when he saw he was healed, came back, praising God in a loud voice. He threw himself at Jesus' feet and thanked him—and he was a Samaritan. Jesus asked, "Were not all ten cleansed? Where are the other nine? Has no one returned to give praise to God except this foreigner?" Then he said to him, "Rise and go; your faith has made you well."

Health and Wellness Sermon Illustration -

The recent bout of the Ebola epidemic is the largest in history, largely affecting West Africa. It caused global concern, and like all countries, the United States with its Centers for Disease Control was at the forefront of taking precautions to prevent an outbreak of Ebola cases in the United States.[38] The entire incident brought to mind this story about the 10 lepers. Leprosy was the dreaded disease in both Old and New Testament times. It was so feared that anyone with the disease was required to live outside of the community because it was believed to be an airborne transmitted disease. The Ebola virus was determined to spread quickly to anyone not properly protected because it is also an airborne transmitted virus. Many people were concerned when a case showed up in New York City. People were taking all kinds of precautions, wearing masks while riding mass transit. Some people stopped eating food from open salad bars, etc. I would venture to think, based on the media reports, many more people were super cautious about taking care of themselves and they paid close attention to running noses, fevers, or chills and they visited or called their doctor quickly if they suspected a

[38] Centers for Disease Control and Prevention, "2014 Ebola Outbreak in West Africa," www.cdc.gov/vhf/ebola/outbreaks/2014-west-africa/ (accessed April 9, 2015).

problem. Timing is everything, I sometimes say, when certain things come together by the providential guidance of God. I think that the ACA which requires every citizen to be covered by health insurance was enacted just in time. I am sure someone took advantage of the Well Care visit provision which allows for a visit to the doctor's office. Timing was everything, for the ten lepers, when they encountered Jesus between Samaria and Galilee. They recognized him, but kept their distance because of their condition. They make their request known because they knew he could relieve their condition. What condition do you have that you want to expose today and ask Jesus for his healing?

The Healing at the Pool. Or "Any New York Hospital Emergency Room" (John 5: 1-14 NIV).

> Sometime later, Jesus went up to Jerusalem for one of the Jewish festivals. Now there is in Jerusalem near the Sheep Gate a pool, which in Aramaic is called Bethesda and which is surrounded by five covered colonnades. Here a great number of disabled people used to lay - the blind, the lame, and the paralyzed. One who was there had been an invalid for thirty-eight years. When Jesus saw him lying there and learned that he had been in this condition for a long time, he asked him, "Do you want to get well?" "Sir," the invalid replied, "I have no one to help me into the pool when the water is stirred. While I am trying to get in, someone else goes down ahead of me." Then Jesus said to him, "Get up! Pick up your mat and walk." At once the man was cured; he picked up his mat and walked. The day on which this took place was a Sabbath, and so the Jewish leaders said to the man who had been healed, "It is the Sabbath; the law forbids you to carry your mat." But he replied, "The man who made me well said to me, 'Pick up your mat and walk.'" So they asked him, "Who is this fellow who told you to pick it up and walk?"

The man who was healed had no idea who it was, for Jesus had slipped away into the crowd that was there. Later Jesus found him at the temple and said to him, "See, you are well again. Stop sinning or something worse may happen to you." The man went away and told the Jewish leaders that it was Jesus who had made him well.

Health and Wellness Sermon Illustration:

The Sheep Gate, a pool called Bethesda, was like the Emergency Room where a great number of disabled people came to seek healing. It was a triage center for the blind, the lame, and the paralyzed. A paralyzed man had been coming to the triage center for 38 years. He did not have access to orthopedic surgeons — who are doctors trained in the care of patients with musculoskeletal conditions, such as congenital skeletal malformations, bone fractures and infections, and metabolic problems — or to medical physical therapy, a chiropractor, proper walking devises, or a wheelchair. The Scripture says he was lying by the pool on his mat. He did not have the benefits of health insurance or an urgent care center which is why he is a good example for us to learn about today. This man's desperate situation and Jesus' mission to heal the sick regardless of public opinion or objection is the discussion for today. What similarities do you recognize in this man's situation, the religious rulers attitudes and the general public reaction?

Sermons

Sermon Contributed and used by permission of Rev. Dr. Lisa Williamson, M.D. M.Div.
Pastor, Mt. Olive AME Church, Port Washington, New York

Mark 11: 46-52 Title: "Faith Is The Anecdote"

Healing, Restoration, wholeness does not discriminate
Can't preach healing for one group because it is healing is for all

v.46: Bartimaeus son of Timaeus (honor)

- Blind: presence of God
- Sitting beside the road—outcast, forgotten of society

v. 47: Jesus, Son of David: affirmation of faith

- "Have mercy on me": consider me
- Why not say from the outset Jesus, Son of David heal me!
- Stuck on the illness, stuck on the ailment
- Outcast, this beggar wanted consideration , his faith in Jesus' compassion
- Focus on the infirmity not healing faith

v.48: Bold in his belief: Right Now

- Persistent faith: how loud do you cry out the name?
- Cry out the name with conviction
- Despite the opposition, despite the suppression, despite notion to stay in your place he shouted
- He was going to be considered by Jesus that day
- Right now answer, right now break through

v.49—Persistence faith divine acknowledgement

v.50: Faith

- threw side his cloak, then jumped up, came to Jesus
- why cloak off?: lift the baggage, lift the burdens, and go get your blessing

v.51 What do you want me to do?

- Know what you want from the Lord
- Jesus can heal the entire body, entire mind, the entire soul, the entire you

v.52 Go, for your faith has healed you.

Give your faith an assignment

- When you encounter Jesus your healing is not temporary but actually God operates in restoration. Your physical healing is an added benefit to the spiritual restoration from sin and mental sickness that binds us.
- Our faith must be exercised, put into action against powers and principalities that we cannot see but sits in our subconscious, a place where the Spirit can find and minister to in order to begin our restoration process. Faith must be on assignment against anything or anyone that jeopardizes the whole creature God created that was and is good.

Amen!

Sermon Contributed and used by permission of Rev. Lisa Williamson, M.D. M.Div.
Pastor, Mt. Olive AME Church, Port Washington, New York

Text: Matthew 27:26 And 1 Peter 2:24

Title: "The Lifeblood"

He was handed over and flogged. He was handed over and whipped. He was handed over and strapped to a flogging post, his back bared so all could see. A whip or more accurately, a cat o' nine tails, nine knotted cords of pure rawhide leather usually interwoven with wires that were hooked and sharpened with the sole purpose of inflicting pain because with each lash Jesus' skin was torn off his back. Jesus endured 39 skin tearing, ripping lashes and thus began His bloodshed. When the flogging is described we tend to focus and imagine the pain he experienced but Jesus could endure pain for he was already weighted down with the sins of the world he saw in the cup while in the Garden. The focus is often shifted from the blood and placed onto his pain. This afternoon, allow me to focus you onto the shedding of His blood. The flogging created the initial bloodshed, the sacrificial covenant or vow between The Father and The Son began with this initial bloodshed, as they met a sin sick people at their most desperate hour of need. The 39 lashes began to drain the blood, but as His blood was pouring out the healing process was already beginning, the healing power of the blood was immediately activated on behalf of a sin ridden, rebellious and disobedient world. (The innocent substitute, Jesus began his dying process during the flogging in place of the real sinners of the world. The atonement or covering was beginning to cover the sinful soul.)

When the people cried out to Pilate, "His blood be on us and our children," they didn't know that his blood was going to cover them and their children substituting Himself for their sins. The blood that came pouring down his back, onto his legs, down onto his feet

and the blood that slowly coursed along the ground was the beginning of the covering for a multitude of sins. This initial bloodshed was the “Lifeblood.” Let me break this down for you, in the natural realm blood contained within the body is a sign of health and blood pouring out the body continuously is a sign that death will eventually occur. So to make it even simpler, in the natural realm, blood in is life and blood out is death. In the supernatural realm, blood in is death and blood out is life. Jesus had to have his blood poured out because his blood represented life to a dying world. Each lash poured out the blood of a living God. Each lash shed blood that has the power to heal.

I made an interesting observation a few weeks ago. I was looking up a particular illness that one of my patient’s was recently diagnosed with. As I went to look at the table of contents in this medical textbook, I realized that there were 39 chapters covering 39 classifications of diseases that affect all of us. Every disease known to modern science falls into one those 39 categories. 39 stripes, 39 lashes each causing blood to be poured out and since coincidence is not a biblical principle, as a woman of God first and a woman of science second, the Spirit within me gave me the revelation that Jesus’ 39 blood shedding stripes covers all 39 categories of diseases that can afflict you at any given time. Let me make this plain as well, if you have any one of those 39 diseases, the blood of Jesus has already been poured out to cover it. The life giving blood of Jesus has the power to heal any of those 39 categories of diseases. The life blood of Jesus is the only blood that can cover your disease or your dis-ease; 39 stripes, 39 opportunities for the blood to give life; 39 stripes, 39 opportunities for the blood to heal. Jesus is the only one whose blood pouring out does not signify death but life. His blood is the Life Blood. AMEN!!

Sermon contributed and used by permission of Rev. Suzanne Moshett, B.S., M.Div.
Associate Minister, Greater Allen AME Cathedral, Jamaica, New York

Subject: Where Is God In This?

Text: Matthew 8:1-4 (New Revised Standard Translation)

"When Jesus had come down from the mountain, great crowds followed him; and there was a leper who came to him and knelt before him, saying, 'Lord, if you choose, you can make me clean.' He stretched out his hand and touched him, saying, 'I do choose. Be made clean!' Immediately his leprosy was cleansed. Then Jesus said to him, 'See that you say nothing to anyone; but go, show yourself to the priest, and offer the gift that Moses commanded, as a testimony to them."

Sermon:

Pediatric patients diagnosed with cancer... suffering

Bodies crippled by pain and disease…. suffering

Devastation in the aftermath of tornadoes, hurricanes or tsunamis… suffering

Homelessness and poverty… suffering

Famine and malnutrition… suffering

Almost daily we are bombarded with the reality of suffering. No one is exempt from some level of personal experience and/or the images of others as they endure difficulty and hardship. One can only stand back and wonder – where is God in this? For those who confess belief in God Almighty it is a strange paradox, but it can't be wrong to wonder where our God is when suffering takes place. Surely being omniscient he knows of it. Surely being omnipresent he can locate those who are enduring difficulty. So, where is God in this?

People come together in droves for many reasons – perhaps around some notable personality or for a concert or performance. Crowds stream into stadiums to watch sporting events. We even see crowds gather around an accident with nosy onlookers craning their necks trying to see what happened. While the crowd is following one event or assembled for a particular purpose, there can be a lot of diversity in the individuals that make up the crowd. Some may be faithful followers; some come with and without expectations for the group or the event; and others may just be onlookers who heard that something was going on and are following just for the sake of following.

There are crowds in this text. But it's not some ordinary gathering; these crowds are gathered around Jesus. They have witnessed him heal the sick; they have listened to his teaching on the mountain and continued to follow him. As the Son of God, wouldn't we expect Jesus to be aware of those following him? Shouldn't he recognize the needs pressing around him and actively address those needs? Wouldn't Jesus know that somewhere near this crowd, there was a leper in need of healing? Saints, there is a healing accomplished in this text, yet Jesus does not reach out to the leper until the leper first approached him. Could it be possible that this leper could have remained among the crowd, in the presence of Jesus, and not receive healing from Jesus if he had not first reached out to Jesus?

The leper approaches. Likely disfigured, it would be impossible for him to disguise his condition. Since a crowd is gathered, by custom he would have been forced to call out "unclean, unclean" both drawing attention to his ailment and labeling himself as someone to be avoided. Yet he approaches. Biblical leprosy is unlikely to refer to what is labeled leprosy today (Hansen's disease). Biblically, leprosy is a term used to describe

a variety of skin diseases. Those suffering from leprosy would have white patches along their skin; they developed festering sores and gradually lost body parts – fingers and toes – to the decay. Suffering. This condition was considered incurable. Suffering. Associated with ceremonial uncleanness, leprosy led to inevitable social stigma and isolation as those with leprosy were ostracized. Excluded from walled cities, they could not be touched for fear of transmitting the disease. Suffering.

Aware of all the limitations, the leper still initiates. He makes his way toward Jesus. This leper wanted his healing, he wanted his restoration. And he wanted it desperately enough to defy conventions, to do what was socially inappropriate – to move through the crowd, and make his request to Jesus. What is it that keeps you in the crowd, following Jesus?

For the leper, his condition was a physical ailment. This man is unnamed in the text, we only know him by the label of leper. He's now identified with his condition. While some physical wounds and conditions can easily be seen, there can be other unseen conditions that leave us in need and desperation. A variety of causes can leave us in conditions of brokenness, struggle and separation from others. What labels have we been identified with and how have we allowed those labels to determine how we live. What is it that's festering in your life? What has crippled you? Where are the wounds that are running and leave you suffering? What are the struggles that leave you feeling that you've lost parts of yourself along the way? And where is God in all this?

Within this text, Christ is physically present. He is there. It is Jesus that the leper is approaching. But until the leper initiates, Jesus does nothing. How do we understand God in this? He is present, but his silence and his distance are confounding.

The leper humbles himself by kneeling and possesses enough faith to declare that Jesus is able to cleanse him if he chooses to do so. For the leper, it is not a matter of Jesus' ability, but his will. This text doesn't indicate how much this leper may have personally witnessed; which, if any, other healings he may have observed or whether he simply heard about the miracles Jesus was performing. Yet the leper presupposes the authority and power of Jesus to heal, and as a result, submits himself to Jesus' will.

The leper doesn't question the power, but asks if Jesus would use that power for his case. Lord I believe you are able to do it, but would you do it for me? Why do we sometimes hesitate to ask? Are we fearful his response may be 'no' or that the answer would look different than we expected? It seems we always find ourselves here when faced with human suffering and grapple with the choice of reducing God to either being unable or unwilling to intervene.

Verse 3 of Matthew 8 records Jesus' reply, "I do choose." Jesus ultimately affirms that this leper's restoration is his will and speaks the command that causes the leper to be made clean. But Jesus doesn't stand at a distance and pronounce cleansing for this man. Before responding with words, Jesus responds in action. He is not only focused on the miraculous result, but Jesus stretches out his hand and touches him while he is still diseased. Before hearing the words of restoration, the leper had the comforting presence of the Lord.

Jesus himself defies convention in touching the unclean man. However with Jesus, the tradition of not touching an unclean thing becomes invalid. As Jesus explains to the Pharisees in Mark chapter 7, it is not the outward condition or what goes into a person that makes them unclean. Instead it is what comes out of a person, the condition of

their heart that determines their standing with the Lord. For this leper, what came out was his faith; what came out was his worship. And in that touch, leprosy doesn't spread from the man to Jesus, but rather the healing power of Jesus goes forth and restores the leper.

Brothers and sisters, the Lord is also aware of our conditions, our diseases and our suffering. And it is his will to restore us. Yet God does not always immediately bring relief solely in response to his awareness of our need and struggle. He is aware of every instance of suffering and is both able and willing to intervene. However, in His allowance of certain experiences, God is sovereign and is still able to work in the midst of both good and bad to mature those who trust in Him and to eventually accomplish His glory.

Saints there is purpose in the restoration; there is purpose in being made whole. After healing this leper, verse 4 tells us that Jesus instructs him not to tell anyone but to show himself to the priest and offer the gift Moses commanded as a testimony. It was the responsibility of the priests to distinguish between clean and unclean. A priest would have initially examined this man's sores to conclude his condition was leprosy and to label him as unclean.

Jesus now sends the man back to the priest. The very one who labeled him would now have to acknowledge his healing and restoration. When the Lord heals us, those who confined us to, and defined us by, our conditions will witness and recognize our deliverance. They too will have to notice our change. By sending this man to the priest, Jesus restores the once ostracized and isolated leper back to community. His health has been restored and his membership in community has also been restored. Jesus did not accomplish this miracle only for the benefit of the leper. By returning to community he was to become a witness. Those he was returning to knew he was a leper – they knew his

condition and the decay of his body – but now they would be able to see the miraculous work of God's power.

Both our suffering and our healing should witness to others. The way we enter and process through the suffering we encounter can reveal our understanding of and relationship to God. No one would choose the route of suffering. It's regarded currently as unpopular and to be avoided at all cost. Yet it is unavoidable. And while we struggle to do so, we can understand God when humanity suffers. In human suffering, identification with our Savior and his suffering on our behalf is enabled. We don't find God by escaping all suffering; rather in the midst of it we can locate Him. So where is God in this? He is right there. He is present in the midst of the suffering that we endure. He is suffering along with those who endure suffering. He is there with the promise of comfort and hope.

CONCLUSION

The Patient Protection and Affordable Care Act was enacted as law five years ago and still there are many people who are unaware of the law. Many people have taken advantage the marketplace plans. But many people, particularly young people are not insured. The goals and strategies to bring churches to distribute information and assist persons with enrollment took place with three successful meetings. A total 22 churches (pastors and church leaders) participated in two meetings and received health care insurance information and enrollment assistance for any participant. A third meeting targeted a group female ministers and pastors which was very successful and well received in that the health care insurance presenters were invited (by the pastors in attendance) to bring their product to other churches. The health care insurance companies offered to co-sponsor information meeting and to also provide materials in both the English and Spanish languages.

The building of Oliveyard Ministries, Inc.'s Health and Wellness Information Ministry (HWIM) website was a challenge and an incredible learning experience. It has information relative to the immediate Hempstead area. We will continue to search for new and interesting topics to include in our Priority Link section so that people will have up-to-date information about the ACA events, enrollments dates and changes to the law.

Oliveyard Ministries, Inc. is committed providing Bible-based materials for use in sermon preparation and Bible Study. We will continue to offer our assistance to pastors, ministers and community leaders in sharing pertinent information to with the community.

I am looking forward to expanding Oliveyard Ministries, Inc. and sharing useful information wherever there are people who want to and need to know to save themselves from perishing because of the lack of knowledge.

I plan to visit a doctor's office in my area that has already reached out to me after reading my proposal to assist me in monitoring and keeping up the website. The partnership will allow me to stay abreast of the changes in the ACA as well as afford me access to healthcare professionals and the impact of the ACA on physicians and their practices. I will also apply for grant monies to help maintain the website as well as promote the website. I hope to build the website maintenance into a larger information site and employ young people to maintain it and also work with the physicians that I partner with.

APPENDICES

Appendix A
Demonstration Project Proposal

OLIVEYARD MINISTRIES, INC.

"… trees planted by streams of water, which yield their fruit in its season…"

By

EVELYN V. MILLER-SUBER

DEMONSTRATION PROJECT PROPOSAL

February 1, 2014

Challenge Statement

With the passage of the Affordable Care Act, all uninsured Americans must acquire healthcare insurance either through their state's or the federal government's health insurance program. As a Pastor with 22 years of Human Resources and healthcare benefits management experience, I recognize the necessity of health care insurance and the impact on a community when people do not have health care insurance. This demonstration project will create a public awareness campaign and provide health care insurance enrollment assistance.

Table of Contents

CHAPTER 1
INTRODUCTION TO THE SETTING

The Village of Hempstead is one of several villages and hamlets that make up the Town of Hempstead located in Nassau County, New York. The Village of Hempstead is a four square mile area that has developed over the past three hundred and fifty years into the largest village in New York State with over 60,000 residents.[1] Demographically, the Village of Hempstead consists of several neighborhoods that are very distinct in residential character. The Village of Hempstead is home to house renters, apartment dwellers, stately middle class homes owners and indigent families in temporary housing situations.

There are a broad range of social services and programs for the benefit of the residents. Many residents are able to obtain medical care through the public health system (Medicaid, Medicare, Child Health Plus, Family Health Plus, other NYS insurance plans, not-for-profit hospitals and clinics). However, to date the nearest hospitals, the Nassau University Medical Center and Winthrop Hospital are located miles away in different Towns.

[1] www.villageofhempstead.org

Health care facilities and health care insurance within the Village of Hempstead are major concerns that are constantly raised by the local residents and health care professionals. In 2005, Laura Williams, a reporter for the Daily News, covered the story of Cardiologist Aubrey Lewis' attempted to garner support for reopening the Island Medical Center, the Hempstead hospital that was closed in 2003 because of financial problems. Ms. Williams reported on Dr. Lewis' frustration with politicians' lack of action and his petition drive to pressure authorities to reopen the commonly referred to as "Hempstead General Hospital".[2] The matter of reopening the hospital is currently dormant, but the matter of health care insurance is still a major topic.

The lack of health care insurance or underinsurance remains a major problem for many of the poor and middle class. In 2003, the U.S. Census estimated that 15.5% of all people in the nation were uninsured. Using the same percentage for Nassau County, the number of uninsured would equal more than 200,000.[3] In light of the Census information, one could conclude that they're Village of Hempstead residents without health insurance.

It is my presumption that uninsured residents of the Village of Hempstead area include the working poor who are not eligible for public health insurance plans and a growing number of undocumented immigrants and homeless persons who have little or no understanding at all of the importance of accessing health care insurance now that it is a mandate.

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[2] http://www.nydailynews.com/archives/boroughs/doc-push-reopen-hempstead-hospital-article-1.594194#ixzz2qzkC6Kdp

[3] U. S. Census Bureau. http://www.census.gov/.

According to the Institute of Medicine, "Access" is the timely use of personal health services to achieve the best possible health outcomes" and assuring access to care is an essential public health service.[4] In the Village of Hempstead, access is dependent on many factors, including finances, having health insurance, and having transportation to available physicians or hospitals. It is also dependent on having health care information services and systems that can accommodate and respond to the needs of the community.

Immigrants, especially undocumented persons also face language barriers when accessing the health care system. As result of their language barrier, an individual or family may not be able to get the proper or adequate medical treatment when necessary.

With passage of the Affordable Care Act in 2010, the uninsured and underinsured individuals in the Village of Hempstead, across New York State and the country have the option to choose an affordable health insurance plan. People who may have been discriminated against by the Insurance Companies for simple medical conditions or who were dropped from their health insurance plan because they became ill or disabled now have guarantees of continued medical care. This new health benefit Law will be a primary factor for many Village of Hempstead residents to gain access to needed health care services.

As with any other Law or Regulation, the Affordable Care Act is not written in Layman's language. There are several provisions, sections, mandates and dates defining how the health insurance companies must operate; the levels of health care plan coverage that should be offered; employer mandates; mandates for individual persons, etc. The

[4] IOM. Medicare: A Strategy for Quality Assurance. Vol.1. Lohr, K.N., ed. Washington, DC:

interpretation of the Affordable Care Act (ACA) compounded with the Media interpretation of the coverage of ACA definitely leaves the public to ask for a simple interpretation of "what's in it for me, and how or what do I need to do to be covered". There are many residents in Village of Hempstead asking these important questions about the benefits offered through the Affordable Care Act. There are a few people in my Church and community that need answers to specific questions about the advantage and possible disadvantages of the Affordable Care Act.

Providing information and answers to the many questions arising from politic controversy; dining room discussions; barber shop talk; hair salon conversations, and Church Fellowship Hall talk at my church, I believe, can be done through *Oliveyard Ministries, Inc.* and the cooperation of my Church.

First Hempstead African Methodist Episcopal Church (FHAMEC) is a small church located in the Village of Hempstead, New York with the potential to organize other churches and not-for-profits programs in the Community help provide health care insurance information and enrollment assistance.

First Hempstead AME (FHAME) Church's Ministry mission is drawn from the African Methodist Episcopal Denomination's Salutation:

> The Mission of the African Methodist Episcopal Church (AMEC) is to minister to the social, spiritual, and physical development of all people. Its ultimate purposes are: (1) make available God's biblical principals, (2) spread Christ's liberating gospel, and (3) provide continuing programs which will enhance the entire social development of all people.[5]

[5] The Book of Discipline of the African Methodist Episcopal Church – 2008 (Tennessee: African Methodist Episcopal Church Sunday School Union, 2009), 16.

The Salutation is a declaration to organize and assist in bringing about change for all people in the Community and for the greater good. As a Pastor with 22 years of Human Resources and healthcare benefits management experience, I recognize the necessity of health care insurance and the impact on a community when people do not have health care insurance. This demonstration project will create a public Affordable Care Act awareness campaign and provide health care insurance enrollment assistance for residents to acquire healthcare insurance either through their state's or the federal government's health insurance program.

CHAPTER 2
PRELIMINARY ANALYSIS OF THE CHALLENGE

As the Pastor of First Hempstead AME Church (FHAMEC), I recognize that individuals and families within the surrounding communities and other communities of the greater Hempstead area are likely to be uninformed of details of the Affordable Care Act benefits, its mandated requirements and the ramifications of not following the Law. Hosea 4:6 says "the lack of knowledge…." [6]is a cause for people to perish. There is an immediate need to provide Affordable Care Act information materials and resources to help people understand their rights and to enroll in the proper health care plan. Many individuals are not aware that they could be subject to a monetary fine if they are not insured timely.

In addition, residents in the community are stifled with language limitations and barriers that hinder Affordable Care Act communications and information sharing. With this in mind, I decided to build a Health and Wellness Information Services Ministry (HWISM) component that will research health care insurance options and provide enrollment information in the languages of the Village of Hempstead communities.

[6] www.biblica.com/niv/study-bible/hosea/

My Church's financial support of the new Ministry development will be very limited. However, when I presented the need for a Ministry that would inform and assist people in our community with obtaining health care insurance, the my church Leaders reminded me of our Church's motto "A Church Walking by Faith Fulfilling Our Calling" and agreed to help develop the new ministry with In-Kind support. The Health and Wellness Information Services Ministry (HWISM) component will be the first of many Ministry components that will be linked together under the umbrella of *Oliveyard Ministries, Inc.*

The new component, Health and Wellness Information Services Ministry's (HWISM), Scripture foundation is taken from *3 John 1:2 "Dear friend, I pray that you may enjoy good health and that all may go well with you, even as your soul is getting along well."*[7] The Ministry's initial focus will be to inform the Pastors and their Congregations in the Village of Hempstead about basic health care information and health care insurance enrollment assistance as required under the new national Affordable Care Act. Thereafter, I will develop a HWIS Ministry web site to share health care and Wellness information via the Internet. The web site will information about the Affordable Health Act and the health care plan options available under the new law; a list of health care insurance carriers; and resources links that will help those needing health insurance to acquire an affordable product within New York State.

Creating a ministry program that helps to meet the health care insurance information and enrollment needs of the community fulfills FHAMEC's organizational mission and its expectation of its Pastors and Leaders. Those on my Site Team that are

[7] http://biblia.com/bible/niv/3john1.2

AME will gain a larger ecumenical network as well contribution to fulfill the Denomination's mission. It also allows the Site Team and myself to use our gifts thereby fulfilling the mandate of Romans 12:6-8: "We have differing gifts, according to the grace given us. If it is serving, let him serve; if it is teaching, let him teach; if it is encouraging, let him encourage; if it is contributing to the needs of others, let him give generously; if it is leadership, let him govern diligently; if it is showing mercy, let him do it cheerfully".[8]

My experience with Church leaders and Non-for-Profit Agencies has taught me that every Church, organization and community is uniquely different and any outreach program must be tailored to the those unique differences to draw participants. The Site Team and I will begin outreach meetings with the local Clergy and their designated representatives to inform them of the HWM mission of project and invite them to join our CACA Cohort. We will prepare training events and enrollment seminars schedules for each church to consider and then participate.

It is expected that each participating Church want to host an enrollment seminar for their community with the Site Team and myself lending assistance. My church has committed to supporting the new Ministry and will host the ACA Training events that will be conducted by the Site Team and myself.

[8] www.**bible**studytools.com/topical-**verses**/ Bible Ref

CHAPTER 3
PLAN OF IMPLEMENTATION

Goals and Strategies

Goal 1 - Develop an Affordable Care Act (ACA) awareness program that will provide information and enrollment services for the Village of Hempstead community.

Strategy 1: Bring five churches together as a Cohort group to facilitate the Affordable Care Act information seminars and the health insurance enrollment workshops.

Strategy 2: Identify and train the Teams from each Church that will facilitate the ACA events.

Strategy 3: Identify health care insurance carriers that will participate in the on-site events and help facilitate information and the enrollment process.

Strategy 4: Obtain bi-lingual representatives and printed materials from health care insurance providers and health care insurance cost options for workshops and enrollment events.

Evaluation of Goal 1: 50 % of the Churches communities will attend an ACA Information and Enrollment Assistance Event. Review the Online Registration System (ORS) to determine the percentage of English and Spanish speaking participants attending the ACA workshops and the percentage of on-site enrollments.

Goal 2 - Identify and train teams of 2-3 members from churches and faith-based entities on the basics of the Affordable Care Act and the health care insurance options.

Strategy 1: Identify the locations and dates to present the workshops and enrollment seminars for each Church.

Strategy 2: Develop a media communication schedule to announce the event location, date and time for each church to share and post in their communities.

Strategy 3: Develop a basic Online Registration System (ORS) to be used by each Church to track the number of community participants attending an ACA Information and Enrollment Assistance Event.

Evaluation of Goal 2: Two thirds of the English and Spanish speaking uninsured participants will attend the ACA Seminars, and 25% will receive on-site enrollment assistance.

Goal 3 - Introduce the program participants to the importance of maintaining good health and adequate health care insurance.

Strategy 1: Develop a four-week series of Bible studies focusing on the "healing" stories in the Bible and incorporate the need for affordable health care and individual health wellness.

Strategy 2: Partner and develop a list of not-for-profit organizations and churches in the greater Hempstead area that will provide continuous health care and wellness information and enrollment events throughout the year.

Evaluation of Goal 3: 4-5 churches committed to providing link to the health and wellness web site and provide continuous health and wellness information to their

congregations. Survey the Bible study participants to determine if at least 30% gained a new understanding of the biblical healing stories.

CHAPTER 4
RESEARCH QUESTIONS

Historical Research Analysis

What is the historical definition of health care and the evolution of health insurance in the United States?

Health care insurance initially evolved, as a business need. An employer in Texas started a plan to pay for doctor visits if they became ill. His was done to ensure that the employees would receive the medical attention needed so that they could return to work quickly and not impact the business operations. Today health insurance has evolved into a necessity required for all people and as a result all communities across the country will have access under the Affordable Care Act. What is the Affordable Health Care Act and its definitive benefits? What are the health insurance coverage options available under Affordable Health Care Act and an individual's responsibility to comply with the Law?

Social/Political/Economics (Ethical) Analysis and Research

What are the health insurance plans, costs and coverage offered by the health care insurance carriers in the greater Hempstead area?

The health insurance industry garners enormous influence on the type of medical care available and how much medical care cost. They have several plan designs that will be modified and offered to families and individuals in need as a result of the Affordable Care Act. People in need of health insurance need to know what plans are available. What are the number of uninsured individuals and families in the Village of Hempstead? What

agencies offer information on the Affordable Care Act in English and Spanish? How many health care insurance providers in the greater Hempstead area offering affordable coverage?

Biblical Research and Analysis

What biblical passages on "healing" support the need for health care to be available to all people?

The Bible has many stories of people being "healed" from different types of sicknesses and diseases both in the Old and the New Testament. So it occurs to me that healing id on the mind and heart of God. Bible stories about "healings" need to be examined and explained so that people can understand that health and wellness are a part of God's plan for their lives. What biblical themes or passages have been neglected or misunderstood that contribute to the persistence problem of people not caring for themselves as God's creation and that their bodies should be well taken care of? What critical methodological approaches can I use to shed better light on the importance of health care and the new options for individuals in the community? What praxis can be put in place to emphasize the correlation between physical health care and Spiritual formation?

CHAPTER 5
EVALUATION PROCESS

Method of Evaluation

Upon approval of the Demonstration Project, Rev. Miller-Suber will meet with the Site at First Hempstead AME Church. A calendar of project events will be developed similar to the Appendix A Timeline. Rev. Miller-Suber will be asked to provide a list resources needed to support her successfully completion of the three Goal identified in the Demonstration Proposal.

Rev. Miller-Suber will be evaluated on the Survey responses from participants that attend Bible Study; the training seminars and participants that attend the ACA information workshops and enrollment sessions during the months of February, March and April. She will also be evaluated on her use of technology and development of the new Oliveyard Ministries, Inc. ACA information web site by June 2014.

Members of the Site Team will also evaluation how well Rev. Miller-Suber focuses on improving in the ministry areas she identified. These competencies will also be evaluation from the Survey responses of the participants in her Sunday Worship services and the Clergy Cohort meetings.

Rev. Miller-Suber will be asked keep a personal reflection journal to track her impressions of her growth throughout this process. The other Ministers, Pastors, and the Site Team on the 5 Healing/Heath Care sermon series will critique her.

The Site Team and Rev. Miller-Suber will meet via telephone conferences regularly to discuss the Project progress. Prior to October 2014 a report will be developed to determine the total number participants that enrolled in health as a result of attending a Affordable Care seminar during the period of March through April.

CHAPTER 6
MINISTERIAL COMPETENCIES

The members of the Site Team dedicated substantial support in joining me in the process of my Ministerial competency assessment. The Site Team members involved were Rev. Camille Smith (Valley Stream, NY), Rev. Edna Parker (Jamaica, NY), Rev. Jacqueline Lynch (Elmont, NY), Helen Ward (Hempstead, NY), and Patricia Brown (Rockville Center, NY). Ad Hoc Site Team members were Keisha Miller (Jamaica, NY) and Lattoy McDowell (Laurelton, NY). A summary of the Site Team's and my assessments is as follows:

Faith-Community organizer

Rev. Evelyn Miller-Suber demonstrates a good understanding of the theological principles that should govern a process to bring about social change. Rev. Evelyn Miller-Suber wishes to enable others to utilize their gifts to bring about change in the community.

Theologian

Rev. Evelyn Miller-Suber understands the doctrines of the church, scripture and sociology and relates well to her congregation. Rev. Miller-Suber wishes to focus on a theological foundation that highlights the importance of maintaining good health and wellness.

Preacher

Good organization of thoughts and biblically based interpretation, strong delivery, challenging the congregation to grow spiritually. Her preaching is spirit –centered; delivery is effective and addresses contemporary issues with very thoughtful Christ centered materials.

Worship Leader

Rev. Miller-Suber is able to lead contemporary worship very effectively. She needs to continue to develop an equally effective method in leading worship using traditional music.

Prophetic Agent

Rev. Miller-Suber is skilled in analyzing social structures and has the ability to diagnose the roots of social problems. Rev. Miller-Suber feels the need to be more assertive in involving other multi-cultural groups in the process of seeking social change to create group ownership to complete projects.

Leader

Rev. Miller-Suber is effective in empowering others to recognize their own calling and gifts, facilitates opportunities in which others can flourish and share their experiences. Rev. Miller-Suber has demonstrated a strong ability to provide the support and follow-up on the initiatives of others.

Counselor

Rev. Miller-Suber is skilled in relating and communicating. She is an open, honest, genuine and approachable person. Rev. Miller-Suber recognizes the limits on her own competency as a counselor and has expressed a need to gain experience in chaplaincy and psychological counseling.

Religious Educator

Rev. Miller-Suber is a very good religious educator. She invites others to a new and more spiritually enlightened consciousness about self and society. Rev. Miller-Suber has the ability to diagnose needs of individuals, organizations and communities and

develop appropriate educational strategies or responses. Rev. Miller-Suber as the ability to convert religious concepts into terms understood by children, adolescents and adults.

Pastor

Rev. Miller-Suber is exhibits strong pastoral qualities and gifts. Rev. Miller-Suber caringly administers the sacraments and ceremonies of the church and diligently maintains the financial integrity of the church. She maintains a rigorous schedule a caring for her congregation and other ministerial duties. Rev. Miller-Suber admits that she needs to take more time for self-care in order to continue to lead effectively.

Spiritual Leader

Rev. Miller-Suber is strongly grounded in spiritual discipline and regularly exercises personal spiritual practices. Rev. Miller-Suber is diligent about her spiritual journey and her ongoing relationship with God. She is an affective spiritual guide to others developing their spiritual relationship with God.

Ecumenist

Rev. Miller-Suber has very good interactions with other faith traditions and often seeks opportunities for interdenominational worship and educational experiences. Rev. Miller-Suber feels the need to be more intentional about building more progressive and social change activities with other denominations and faiths.

Evangelist

Rev. Miller-Suber communicates effectively the central message of Christianity and its truths to the community. Rev. Miller-Suber is willing to confess her fundamental faith commitments even in the face of hostility and in ways that are not perceived to be

belligerent. Rev. Miller-Suber places a high value on evangelistic activities and seeks to maintain the integrity of congregational/church membership stability.

Administrator

Rev. Miller-Suber is a very strong administrator with the ability to evaluate achievements in order to decide next steps and involve other people in the process of decision-making. Rev. Miller-Suber is efficient, organized, and very good at defining and analyzing task or problem. Rev. Miller-Suber recognizes that she needs to delegate more to make of full use of the personnel and material resources in the congregation, organization and community.

Professional

Rev. Miller-Suber is very professional and a good manager that fully recognizes the abilities and gifts needed to Pastor and lead a congregation. Rev. Miller-Suber is open, honest, personable and an effective communicator.

Financial Management

Rev. Miller-Suber has a very strong management background that has been vital to her ministry and church congregation. Her financial management skills include budgeting, stewardship, tax law, and risk management. Rev. Miller-Suber recognizes that she needs to develop a better understanding and experience in grant writing.

Technology/Social Media Management

Rev. Miller-Suber acknowledges that she needs to develop a stronger understanding and application of technology and social media both personally and for the Church. Rev. Miller-Suber is committed to advancing the technology and social media

skills of the entire congregation to improve the church's operational efficiency and broaden the ministry's outreach.

Competencies Chosen for Development

THEOLOGIAN: Engage in biblical and theological reflection that focuses on mental illness, physical illness and healing in a multi-cultural society.

Strategy 1: Engage in a study of relevant Scriptures, Commentaries and literature

Strategy 2: Compare the commentaries on the healing events

Evaluation: Develop 4 Sermons with notes to be shared with Site Team

PREACHER: Prepare spiritually transformative sermons based on the Biblical healing events that occurred among the multi-cultural and multi-racial societies.

Strategy 1: Prepare a five sermon series on the healing events

Strategy 2: Record the sermon series

Evaluation: Request a written evaluation from the Site team to determine if strategies are effective.

TECHNOLOGY/SOCIAL MEDIA: Develop a Technological/Media enhanced Ministry.

Strategy 1: Design a user-friendly inter active Web site to include Twitter, Facebook and Blog communications

Strategy 2: Share the sermon series on healing on CDs, Website, Twitter and Facebook.

Evaluation: Track the number of responses/reviews generated week on the web site and the Social Media entities to determine if strategies were effective.

PROPHETIC AGENT: Join the local Clergy Coalition and inform the community about the Affordable Care Act and the importance of health care insurance.

Strategy 1: Form a Clergy Cohort to stay abreast of the Affordable Care Act changes and person in their communities that need to enrollment during the year.

Strategy 2: Develop a Health Insurance Vendor contact list to share with the Clergy Cohort.

Evaluation: Track the number of participants that enroll in health care insurance and the number health care insurance vendors that participate during the year to determine if strategies were effective.

APPENDIX A
TIMELINE

Date	Task/Activity	Tools/Necessary to complete task	Person Responsible
Feb. 2014	Proposal Approved by Director	Two Copies of Proposal	Me
Feb. 2014	Meet with Site Team	Develop Church contact list	Me
Feb. 2014	Join Clergy Association	Clergy Contact List	Me
March 2014	Research/Develop and Present ACA information and training Workshop Contact Health Insurance Reps	Flyers, participant emails addresses, speakers	Site Team
March 2014	Schedule and present 1st ACA information Seminar Develop Online ACA Seminar Registration & Enrollment Spreadsheet Evaluate Events	Church space, food services, ACA information brochures, Health Care insurance resource materials	Site Team
March 2014	Write up summary Meet with Clergy Association and report 1s ACA Seminar results Schedule Next ACA Seminar and Train Workshop leaders	Online Attendance/registrations on site enrollment/follow-up reports Event Survey sheets	Me
April 2014	Research history of Health Care and the Affordable Care		Me
April 2014	Contact Health Insurance Reps Present 2nd ACA information Seminar Evaluate Events	Church space, food services, ACA information brochures, Health Care insurance resource materials	Site Team
April 2014	Write up summary Evaluate Project	Online Attendance/registrations /enrollment/follow-up reports Event Survey sheets	Me
May 2014	Meet with Site Team Meet with Advisor Meet with Clergy		Me & Site Team

Date	Task/Activity	Tools/Necessary to complete task	Person Responsible
May 2014	Contact Health Insurance Reps Present 2nd ACA information Seminar Evaluate Events	Church space, food services, ACA information brochures, Health Care insurance resource materials	Site Team
June 2014	Write up summary Evaluate Project Develop Web site	Online Attendance/registrations /enrollment/follow-up reports Event Survey sheets	Me
June 2014	Contact Health Insurance Reps/Present 3nd ACA information Seminar	Church space, food services, ACA information brochures,	Site Team
August 2014	Research & Writing		Me
September 2014	Meet with Advisor discuss progress		Me
September 2014	Continue Writing/Meet with Site Team/Share Advisor's comments		Me & Site Team
October 2014	Evaluate Summations	Paperwork from process assessment	Me & Site Team
October 2014	Continue writing		
November 2014	Full DP Draft		Me& Site Team
December 2014	Rewrite Rewrite to	Submit rewrite to the editor	Me
January 2015	Preliminary Submission		Me

APPENDIX B
PROJECT BUDGET

Date	Task/Activity	Tools Necessary to complete task	Person Responsible to complete	Funding Source	Description of Expense	Amount of Expense
Feb. 2014	Meet with Site Team	Meeting Space at a church	Me and Site Team	In kind Contribution by Local Church	Coffee and Donuts	$50.00
Feb. 2014	Join local Clergy Coalition	Telephone, Wi-Fi service, Clergy list, transportation	Me	In kind Contribution by Local Church	Membership Dues	$25.00
Feb. 2014	Meet with Advisor	Copy of Approved Proposal	Me	In kind Contribution by Local Church	Gas, Tolls, Parking Fees	$75.00
March 2014	ACA information and Training Workshop*	Meeting Space at a church	Site Team	In kind Contribution by Health Care Insurance Vendor	Food Services	$500.00
March 2014	ACA information and enrollment Seminar*	Meeting Space at a church	Me and Site Team	In kind Contribution by church and Health Care Insurance Vendor	Food/Custodian Services	$500.00
March 2014	Event Analysis, research, writing time	Seminar Participants/enrollees/ attendance sheets, ACA information materials	Me	In kind Contribution by Local Church	Gas, Wi-Fi services, copying, Parking Fees	$75.00
April 2014	Meet with Site Team	Meeting Space at a church	Me and Site Team	In kind Contribution by Local Church	Coffee and Donuts	$50.00
April 2014	ACA information and enrollment Seminar*	Meeting Space at a church	Me and Site Team	In kind Contribution by church and Health Care Insurance Vendor	Food Services	$500.00

Date	Task/Activity	Tools Necessary to complete task	Person Responsible to complete	Funding Source	Description of Expense	Amount of Expense
April 2014	Event Analysis, research, writing time	Seminar Participants/enrollees/ attendance sheets, ACA information materials	Me	In kind Contribution by Local Church	Gas, Wi-Fi services, copying, Parking Fees	$75.00
May 2014	ACA information and enrollment Seminar*	Meeting Space at a church	Me and Site Team	In kind Contribution by church and Health Care Insurance Vendor	Food Services	
May 2014	Meet with Site Team	Meeting Space at a church	Me and Site Team	In kind Contribution by Local Church	Coffee and Donuts	$50.00
June 2014	Event Analysis, research, writing time	Seminar Participants/enrollees/ attendance sheets, ACA information materials	Me	Personal	Gas, Wi-Fi services, copying, Parking Fees	$75.00
June 2014	Event Analysis, Library, research, writing time	Seminar Participants/enrollees/ attendance sheets, ACA information materials	Me	Personal	Gas, Wi-Fi services, copying, Parking Fees	$150.00
July 2014	Event Analysis, Library, research, writing time	Seminar Participants/enrollees/ attendance sheets, ACA information materials	Me	Personal	Gas, Wi-Fi services, copying, Parking Fees	$150.00
					Total cost	**$2,275.00**

*The Health insurance Vendors will provide part sponsorship of enrollment events and the Local Church will host event.

Date	Task/Activity	Tools Necessary to complete task	Person Responsible to complete	Funding Source	Description of Expense	Amount of Expense
May 2014	ACA information and enrollment Seminar*	Meeting Space at a church	Me and Site Team	In kind Contribution by church and Health Care Insurance Vendor	Food Services	
May 2014	Meet with Site Team	Meeting Space at a church	Me and Site Team	In kind Contribution by Local Church	Coffee and Donuts	$50.00
June 2014	Event Analysis, research, writing time	Seminar Participants/enrollees/ attendance sheets, ACA information materials	Me	Personal	Gas, Wi-Fi services, copying, Parking Fees	$75.00
June 2014	Event Analysis, Library, research, writing time	Seminar Participants/enrollees/ attendance sheets, ACA information materials	Me	Personal	Gas, Wi-Fi services, copying, Parking Fees	$150.00
July 2014	Event Analysis, Library, research, writing time	Seminar Participants/enrollees/ attendance sheets, ACA information materials	Me	Personal	Gas, Wi-Fi services, copying, Parking Fees	$150.00
					Total cost	**$2,275.00**

*The Health insurance Vendors will provide part sponsorship of enrollment events and the Local Church will host event.

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Appendix B
Partnership Center Resources

Center Activities

The Partnership Center works alongside faith-based and community partners to:

- Educate and Engage Communities on the Affordable Care Act
- Support Healthy Children and Families
- Reduce Health Disparities
- Connect Health Systems and Community Partners
- Increase Awareness of Mental Health Issues
- Partner on Responsible Fatherhood
- Engage Communities on the My Brother's Keeper Initiative

Best Practices for Community and Faith-based Partnerships

1. "If you do everything you do nothing well"
2. Do something together
3. Identify goals you share
4. Clearly define roles and assets
5. Communicate consistently
6. Share success

Checklist for Maintaining a Healthy and Productive Community Partnership

- ❑ Create a positive and motivating mission.
- ❑ Establish strong management and leadership.
- ❑ Respect the community.
- ❑ Establish clear ground rules and policies.
- ❑ Create a clear action plan.
- ❑ Validate and respect members and staff.
- ❑ Address administrative barriers.
- ❑ Encourage staff cohesion.
- ❑ Set realistic expectations and goals.

Get Connected!

Twitter
@PartnersforGood

Website
www.hhs.gov/partnerships

Partnerships Newsletter
www.hhs.gov/partnerships

ACA Stakeholder Updates
ACA101@hhs.gov

Partnerships for the Common Good: A Partnership Guide for Faith-based and Neighborhood Organizations


Federal Offices and Centers for Faith-based and Neighborhood Partnerships
THE WHITE HOUSE
WASHINGTON
Corporation for
NATIONAL &
COMMUNITY
SERVICE
SBA
U.S. Small Business Administration

Glossary of Health Coverage and Medical Terms

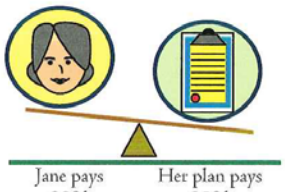
- This glossary has many commonly used terms, but isn't a full list. These glossary terms and definitions are intended to be educational and may be different from the terms and definitions in your plan. Some of these terms also might not have exactly the same meaning when used in your policy or plan, and in any such case, the policy or plan governs. (See your Summary of Benefits and Coverage for information on how to get a copy of your policy or plan document.)
- **Bold blue** text indicates a term defined in this Glossary.
- See page 4 for an example showing how **deductibles**, **co-insurance** and **out-of-pocket limits** work together in a real life situation.

Allowed Amount
Maximum amount on which payment is based for covered health care services. This may be called "eligible expense," "payment allowance" or "negotiated rate." If your **provider** charges more than the allowed amount, you may have to pay the difference. (See **Balance Billing**.)

Appeal
A request for your health insurer or **plan** to review a decision or a **grievance** again.

Balance Billing
When a **provider** bills you for the difference between the provider's charge and the **allowed amount**. For example, if the provider's charge is $100 and the allowed amount is $70, the provider may bill you for the remaining $30. A **preferred provider** may ***not*** balance bill you for covered services.

Co-insurance
Your share of the costs of a covered health care service, calculated as a percent (for example, 20%) of the **allowed amount** for the service. You pay co-insurance ***plus*** any **deductibles** you owe. For example, if the **health insurance** or **plan's** allowed amount for an office visit is $100 and you've met your deductible, your co-insurance payment of 20% would be $20. The health insurance or plan pays the rest of the allowed amount.



(See page 4 for a detailed example.)

Complications of Pregnancy
Conditions due to pregnancy, labor and delivery that require medical care to prevent serious harm to the health of the mother or the fetus. Morning sickness and a non-emergency caesarean section aren't complications of pregnancy.

Co-payment
A fixed amount (for example, $15) you pay for a covered health care service, usually when you receive the service. The amount can vary by the type of covered health care service.

Deductible
The amount you owe for health care services your **health insurance** or **plan** covers before your health insurance or plan begins to pay. For example, if your deductible is $1000, your plan won't pay anything until you've met your $1000 deductible for covered health care services subject to the deductible. The deductible may not apply to all services.

(See page 4 for a detailed examp

Durable Medical Equipment (DME)
Equipment and supplies ordered by a health care **provider** for everyday or extended use. Coverage for DME may include: oxygen equipment, wheelchairs, crutches or blood testing strips for diabetics.

Emergency Medical Condition
An illness, injury, symptom or condition so serious that a reasonable person would seek care right away to avoid severe harm.

Emergency Medical Transportation
Ambulance services for an **emergency medical condition**.

Emergency Room Care
Emergency services you get in an emergency room.

Emergency Services
Evaluation of an **emergency medical condition** and treatment to keep the condition from getting worse.

Excluded Services
Health care services that your health insurance or plan doesn't pay for or cover.

Grievance
A complaint that you communicate to your health insurer or plan.

Habilitation Services
Health care services that help a person keep, learn or improve skills and functioning for daily living. Examples include therapy for a child who isn't walking or talking at the expected age. These services may include physical and occupational therapy, speech-language pathology and other services for people with disabilities in a variety of inpatient and/or outpatient settings.

Health Insurance
A contract that requires your health insurer to pay some or all of your health care costs in exchange for a premium.

Home Health Care
Health care services a person receives at home.

Hospice Services
Services to provide comfort and support for persons in the last stages of a terminal illness and their families.

Hospitalization
Care in a hospital that requires admission as an inpatient and usually requires an overnight stay. An overnight stay for observation could be outpatient care.

Hospital Outpatient Care
Care in a hospital that usually doesn't require an overnight stay.

In-network Co-insurance
The percent (for example, 20%) you pay of the allowed amount for covered health care services to providers who contract with your health insurance or plan. In-network co-insurance usually costs you less than out-of-network co-insurance.

In-network Co-payment
A fixed amount (for example, $15) you pay for covered health care services to providers who contract with your health insurance or plan. In-network co-payments usually are less than out-of-network co-payments.

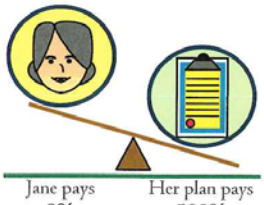
Medically Necessary
Health care services or supplies needed to prevent, diagnose or treat an illness, injury, condition, disease or its symptoms and that meet accepted standards of medicine.

Network
The facilities, providers and suppliers your health insurer or plan has contracted with to provide health care services.

Non-Preferred Provider
A provider who doesn't have a contract with your health insurer or plan to provide services to you. You'll pay more to see a non-preferred provider. Check your policy to see if you can go to all providers who have contracted with your health insurance or plan, or if your health insurance or plan has a "tiered" network and you must pay extra to see some providers.

Out-of-network Co-insurance
The percent (for example, 40%) you pay of the allowed amount for covered health care services to providers who do ***not*** contract with your health insurance or plan. Out-of-network co-insurance usually costs you more than in-network co-insurance.

Out-of-network Co-payment
A fixed amount (for example, $30) you pay for covered health care services from providers who do ***not*** contract with your health insurance or plan. Out-of-network co-payments usually are more than in-network co-payments.

Out-of-Pocket Limit


The most you pay during a policy period (usually a year) before your health insurance or plan begins to pay 100% of the allowed amount. This limit never includes your premium, balance-billed charges or health care your health insurance or plan doesn't cover. Some health insurance or plans don't count all of your co-payments, deductibles, co-insurance payments, out-of-network payments or other expenses toward this limit.

(See page 4 for a detailed exampl

Physician Services
Health care services a licensed medical physician (M.D. – Medical Doctor or D.O. – Doctor of Osteopathic Medicine) provides or coordinates.

A benefit your employer, union or other group sponsor provides to you to pay for your health care services.

Preauthorization

A decision by your health insurer or **plan** that a health care service, treatment plan, **prescription drug** or **durable medical equipment** is **medically necessary**. Sometimes called prior authorization, prior approval or precertification. Your **health insurance** or plan may require preauthorization for certain services before you receive them, except in an emergency. Preauthorization isn't a promise your health insurance or plan will cover the cost.

Preferred Provider

A **provider** who has a contract with your health insurer or **plan** to provide services to you at a discount. Check your policy to see if you can see all preferred providers or if your **health insurance** or plan has a "tiered" **network** and you must pay extra to see some providers. Your health insurance or plan may have preferred providers who are also "participating" providers. Participating providers also contract with your health insurer or plan, but the discount may not be as great, and you may have to pay more.

Premium

The amount that must be paid for your **health insurance** or **plan**. You and/or your employer usually pay it monthly, quarterly or yearly.

Prescription Drug Coverage

Health insurance or **plan** that helps pay for **prescription drugs** and medications.

Prescription Drugs

Drugs and medications that by law require a prescription.

Primary Care Physician

A physician (M.D. – Medical Doctor or D.O. – Doctor of Osteopathic Medicine) who directly provides or coordinates a range of health care services for a patient.

Primary Care Provider

A physician (M.D. – Medical Doctor or D.O. – Doctor of Osteopathic Medicine), nurse practitioner, clinical nurse specialist or physician assistant, as allowed under state law, who provides, coordinates or helps a patient access a range of health care services.

Provider

A physician (M.D. – Medical Doctor or D.O. – Doctor of Osteopathic Medicine), health care professional or health care facility licensed, certified or accredited as required by state law.

Reconstructive Surgery

Surgery and follow-up treatment needed to correct or improve a part of the body because of birth defects, accidents, injuries or medical conditions.

Rehabilitation Services

Health care services that help a person keep, get back or improve skills and functioning for daily living that have been lost or impaired because a person was sick, hurt or disabled. These services may include physical and occupational therapy, speech-language pathology and psychiatric rehabilitation services in a variety of inpatient and/or outpatient settings.

Skilled Nursing Care

Services from licensed nurses in your own home or in a nursing home. Skilled care services are from technicians and therapists in your own home or in a nursing home.

Specialist

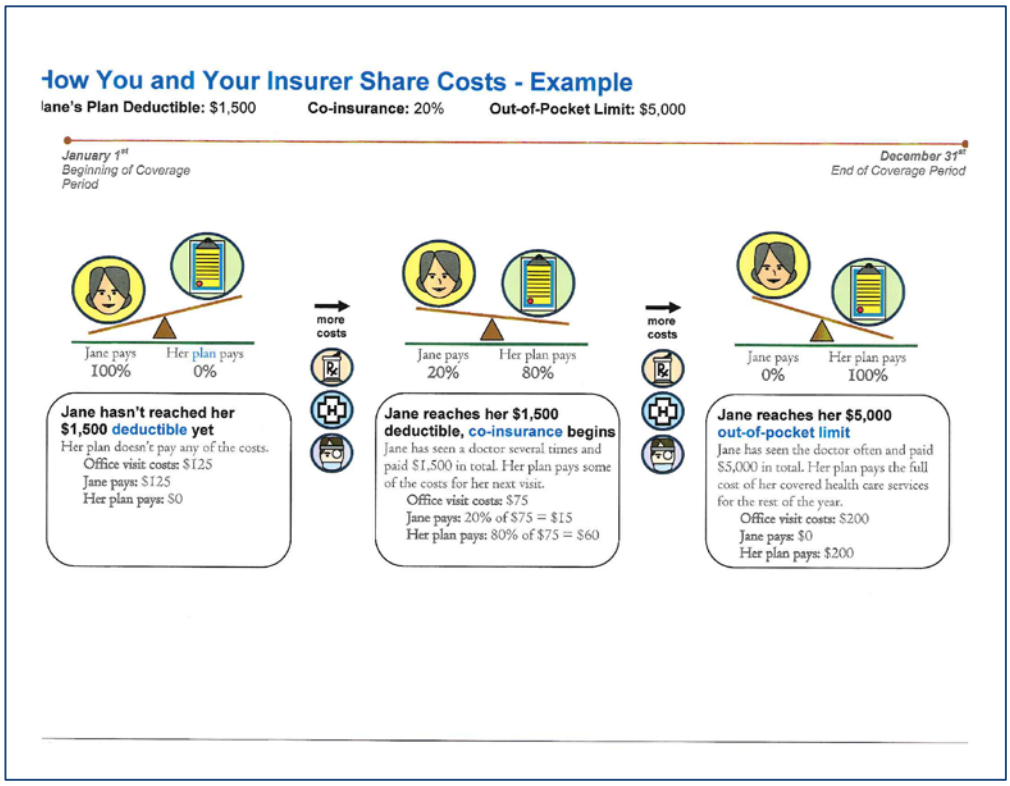
A physician specialist focuses on a specific area of medicine or a group of patients to diagnose, manage, prevent or treat certain types of symptoms and conditions. A non-physician specialist is a **provider** who has more training in a specific area of health care.

UCR (Usual, Customary and Reasonable)

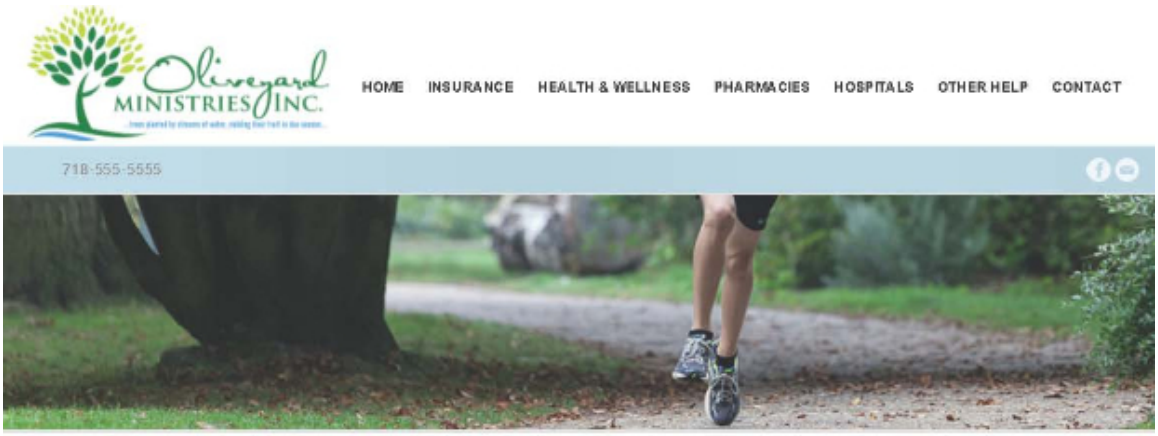
The amount paid for a medical service in a geographic area based on what **providers** in the area usually charge for the same or similar medical service. The UCR amount sometimes is used to determine the **allowed amount**.

Urgent Care

Care for an illness, injury or condition serious enough that a reasonable person would seek care right away, but not so severe as to require **emergency room care**.


How You and Your Insurer Share Costs - Example
Jane's Plan Deductible: $1,500
Co-insurance: 20%
Out-of-Pocket Limit: $5,000
January 1st
Beginning of Coverage Period
December 31st
End of Coverage Period
Jane pays 100%
Her plan pays 0%
Jane hasn't reached her $1,500 deductible yet
Her plan doesn't pay any of the costs.
Office visit costs: $125
Jane pays: $125
Her plan pays: $0
more costs
Jane pays 20%
Her plan pays 80%
Jane reaches her $1,500 deductible, co-insurance begins
Jane has seen a doctor several times and paid $1,500 in total. Her plan pays some of the costs for her next visit.
Office visit costs: $75
Jane pays: 20% of $75 = $15
Her plan pays: 80% of $75 = $60
more costs
Jane pays 0%
Her plan pays 100%
Jane reaches her $5,000 out-of-pocket limit
Jane has seen the doctor often and paid $5,000 in total. Her plan pays the full cost of her covered health care services for the rest of the year.
Office visit costs: $200
Jane pays: $0
Her plan pays: $200

Appendix C
Oliveyard Ministries Website



Contact Us

How Can We Help

Name *

First Last

Phone Number

Email *

Comment *

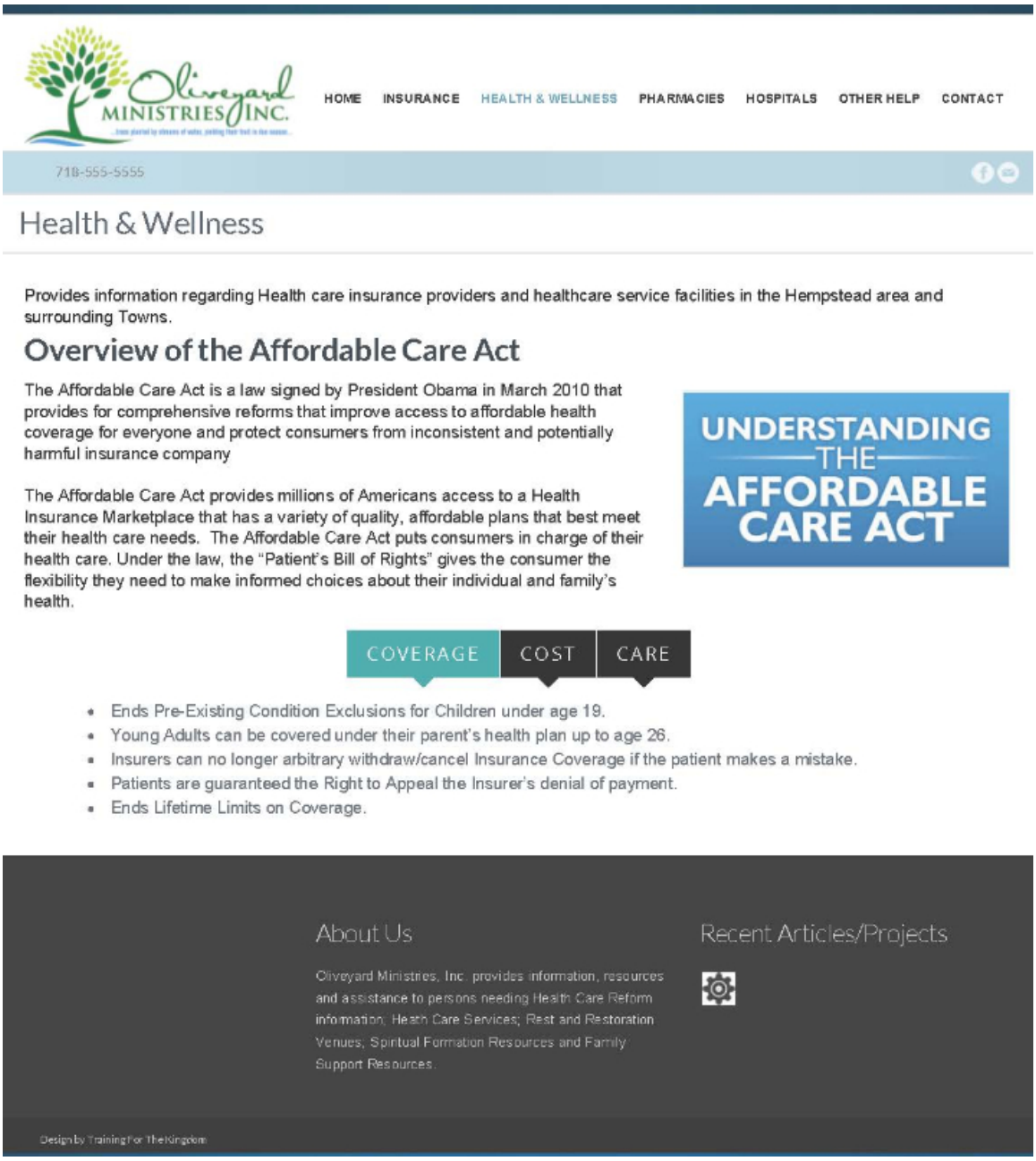
Submit

About Us

Olivegard Ministries, Inc. provides information, resources and assistance to persons needing Health Care Reform information; Heath Care Services; Rest and Restoration Venues; Spiritual Formation Resources and Family Support Resources.

Recent Articles/Projects

Design by Training For The Kingdom


Oliveyard MINISTRIES INC.
HOME
INSURANCE
HEALTH & WELLNESS
PHARMACIES
HOSPITALS
OTHER HELP
CONTACT
718-555-5555
Health & Wellness
Provides information regarding Health care insurance providers and healthcare service facilities in the Hempstead area and surrounding Towns.
Overview of the Affordable Care Act
The Affordable Care Act is a law signed by President Obama in March 2010 that provides for comprehensive reforms that improve access to affordable health coverage for everyone and protect consumers from inconsistent and potentially harmful insurance company
The Affordable Care Act provides millions of Americans access to a Health Insurance Marketplace that has a variety of quality, affordable plans that best meet their health care needs. The Affordable Care Act puts consumers in charge of their health care. Under the law, the "Patient's Bill of Rights" gives the consumer the flexibility they need to make informed choices about their individual and family's health.
UNDERSTANDING THE AFFORDABLE CARE ACT
COVERAGE
COST
CARE
Ends Pre-Existing Condition Exclusions for Children under age 19.
Young Adults can be covered under their parent's health plan up to age 26.
Insurers can no longer arbitrary withdraw/cancel Insurance Coverage if the patient makes a mistake.
Patients are guaranteed the Right to Appeal the Insurer's denial of payment.
Ends Lifetime Limits on Coverage.
About Us
Oliveyard Ministries, Inc. provides information, resources and assistance to persons needing Health Care Reform information; Heath Care Services; Rest and Restoration Venues; Spiritual Formation Resources and Family Support Resources.
Recent Articles/Projects
Design by Training For The Kingdom

Oliveyard MINISTRIES INC.

HOME INSURANCE HEALTH & WELLNESS PHARMACIES HOSPITALS OTHER HELP CONTACT

718 555 5555

Local Hospitals

Franklin General
900 Franklin Ave.
Valley Stream, New York 11580
(516) 256-6000
www.northshorelij.com/find-care/locations/franklin-hospital

Nassau University Hospital
2201 Hempstead Turnpike
East Meadow, NY 11554
(516) 572-0123
www.nuhealth.net

Mercy Medical Center
1000 North Village Avenue
PO Box 9024
Rockville Centre, NY 11571-9024
(516) 705-2525
mercymedicalcenter.chsli.org

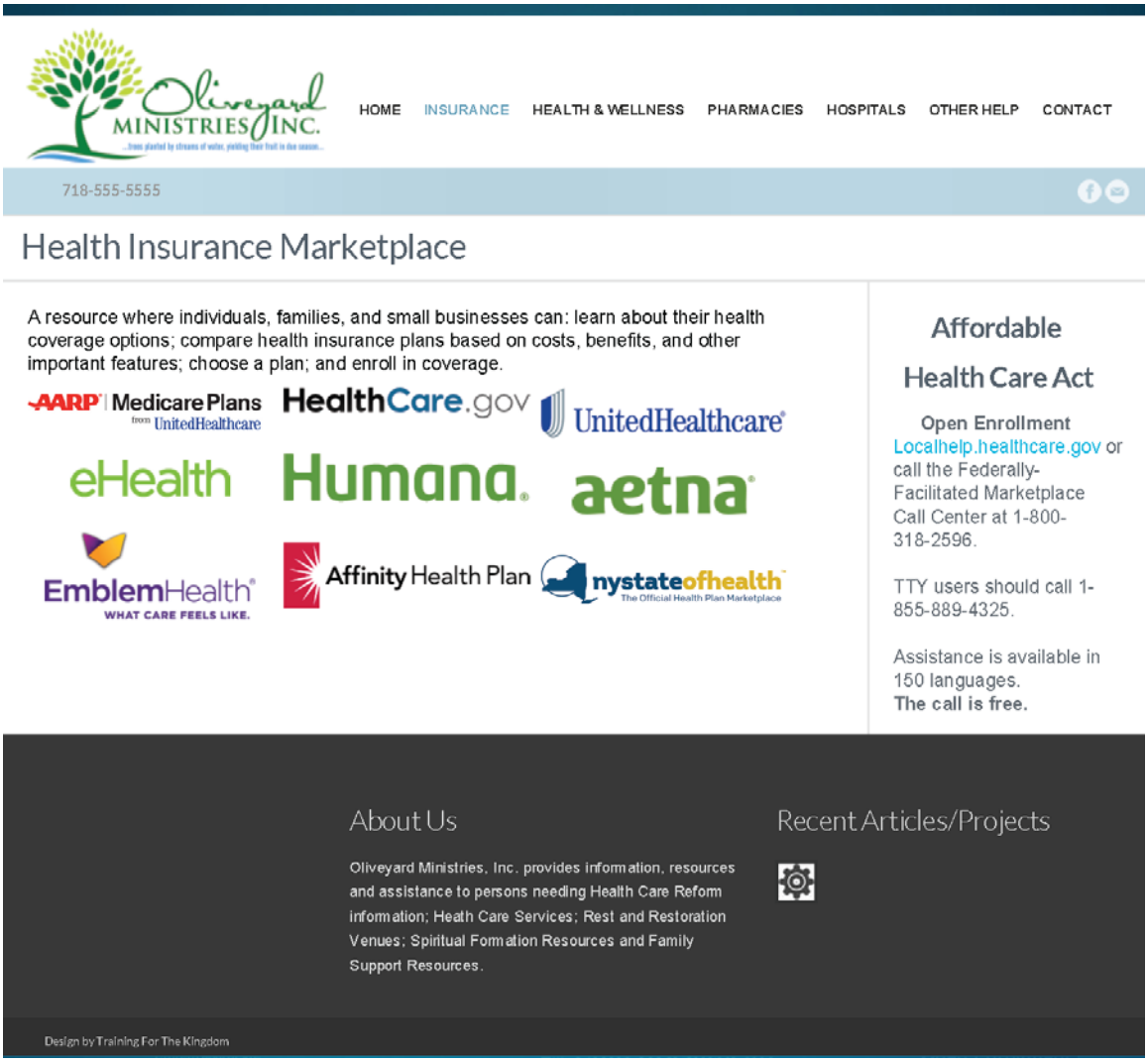
Winthrop University Hospital
259 First Street
Mineola NY 11501
516-663-0333
www.winthrop.org

Local Emergency Care Facilities

About Us

Oliveyard Ministries, Inc. provides information, resources and assistance to persons needing Health Care Reform information; Health Care Services; Rest and Restoration Venues; Spiritual Formation Resources and Family Support Resources.

Recent Articles/Projects


Oliveyard MINISTRIES INC.
HOME
INSURANCE
HEALTH & WELLNESS
PHARMACIES
HOSPITALS
OTHER HELP
CONTACT
718-555-5555
Health Insurance Marketplace
A resource where individuals, families, and small businesses can: learn about their health coverage options; compare health insurance plans based on costs, benefits, and other important features; choose a plan; and enroll in coverage.
AARP Medicare Plans from UnitedHealthcare
HealthCare.gov
UnitedHealthcare
eHealth
Humana.
aetna
EmblemHealth
WHAT CARE FEELS LIKE.
Affinity Health Plan
nystateofhealth
The Official Health Plan Marketplace
Affordable Health Care Act
Open Enrollment
Localhelp.healthcare.gov or call the Federally-Facilitated Marketplace Call Center at 1-800-318-2596.
TTY users should call 1-855-889-4325.
Assistance is available in 150 languages.
The call is free.
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The Health and Wellness Information Services (HWIS) component will be the first of many components that will be linked together under the umbrella of Oliveyard Ministries, Inc.
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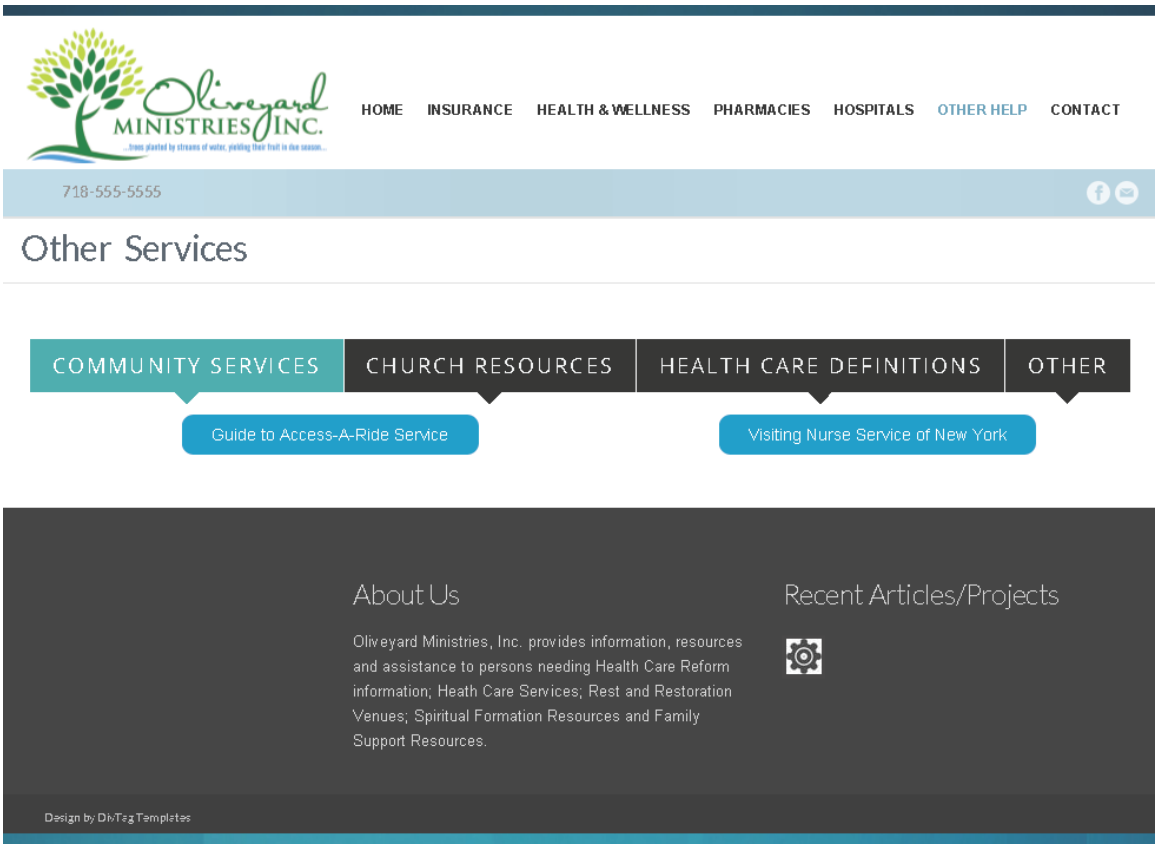
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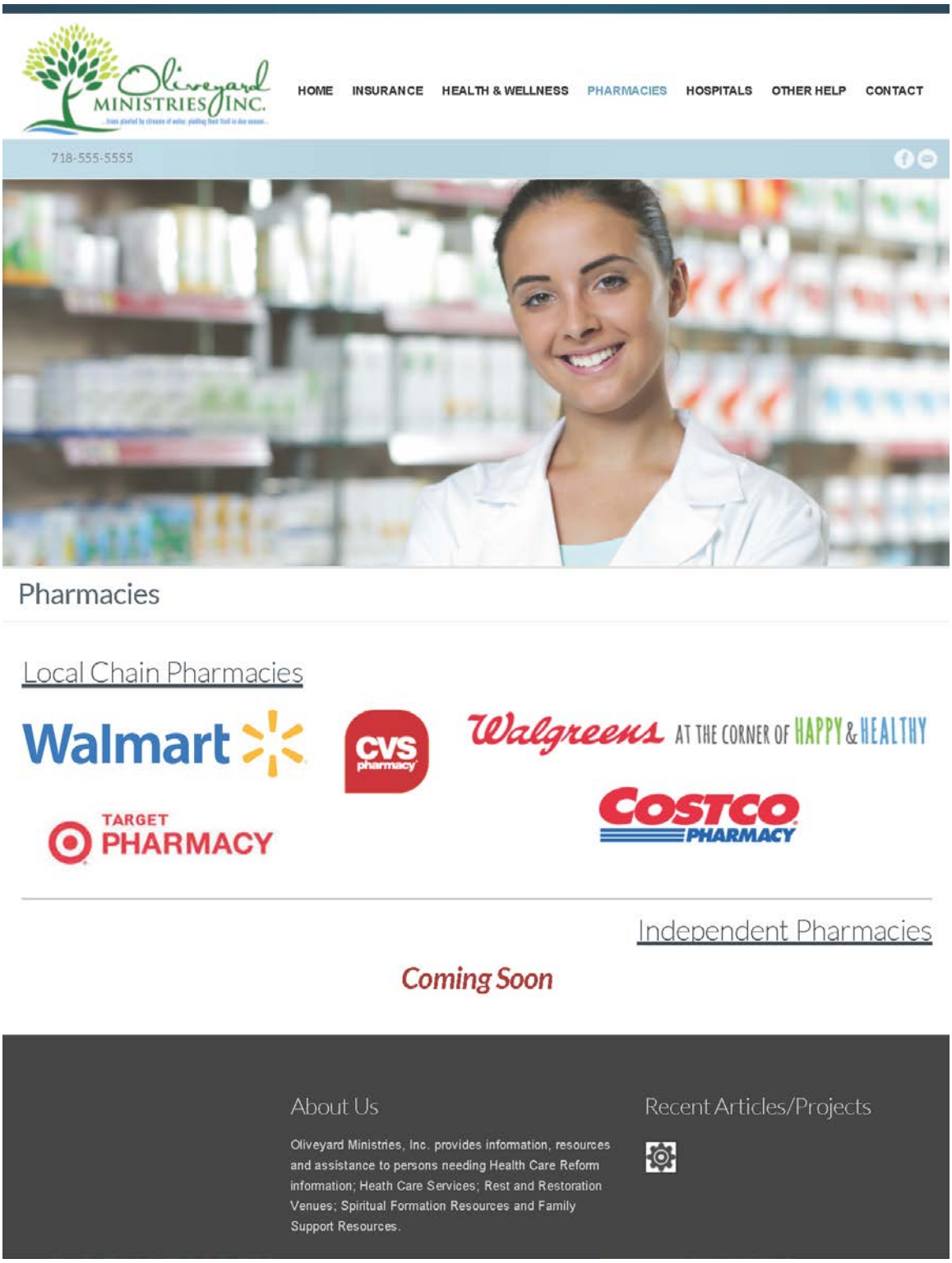
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